




# Quotation Advert

**Opening Date:** 2019-07-29   
**Closing Date:** 2019-08-05   
**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** St Apollinaris hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** ST APOLLINARIS HOSPITAL  
**Date Submitted** 2019-07-26 

## ITEM CATEGORY AND DETAILS



**Quotation Number:** ZNQ:  
48/2019/2020  
**Item Category:** Services   
**Item Description:**

SERVICE OF WATER TREATMENT DOSING PUMP,THE SERVICE PROVIDER MUST BE CIDB GRADE1ME OR ABOVE

NB: KINDLY PROVIDE PROOF THAT CONFIRMS THAT YOU HAVE DONE THE SIMILAR JOB BEFORE AT ANY GOVERNMENT INSITUTION

**Quantity (if supplies)** 01

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Briefing Session   
**Date :** 2019-07-31   
**Time:** 11:00AM  
**Venue:** LECTURE HALL

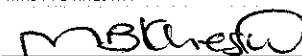
**QUOTES CAN BE COLLECTED FROM:** ST APOLLINARIS HOSPITAL

**QUOTES SHOULD BE DELIVERED TO:** SECURITY TENDER BOX

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MISS F S ZUMA  
**Email:**  
**Contact Number:** 0398335054/8091  
**Finance Manager Name:** MRS M B KHESWA

**Finance Manager Signature:**



No late quotes will be considered