


Opening Date: 2019-07-11 
Closing Date: 2019-07-24 
Closing Time: 11:00





INSTITUTION DETAILS

Institution Name: Ngwelezane hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: NGWELEZANA HOSPITAL
Date Submitted: 2019-07-16 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
A114/19-20
Item Category: Goods 
Item Description:
PATIENT HEALTH RECOERD PRIMARY HEALTH CARE
ADULT MALE 10 000
ADULT FEMALE 10 000
CHILD 5 000
Quantity (if supplies): 25 000

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time: 
Venue: 
QUOTES CAN BE COLLECTED FROM: NGWELEZANA HOSPITAL SCM
QUOTES SHOULD BE DELIVERED TO: NGWELEZANA HOSPITAL TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NZ DLADLA/ NS MNGOMEZULU
Email: nomathandazo.mngomezulu@kznhealth.gov.za
Contact Number: 035 901 7228/7180
Finance Manager Name: TV NXUMALU
Finance Manager Signature: 

No late quotes will be considered