

Opening Date: 2019-07-23

Closing Date: 2019-07-31

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: 2019-07-22

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: A117/19-20

Item Category: Goods

Item Description: MICROWAVE 24L

Quantity (if supplies): 22

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: NGWELEZANA HOSPITAL SCM COUNTER

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: P. NKUMALO

Finance Manager Signature: 

No late quotes will be considered