| health Department: Health Health Department Health | uotation Advert | ge to a character of Management Management |
|---|--|---|
| Opening Date: | 2019-06-06 | |
| Closing Date: | 2019-06-19 | ille. |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Clairwood hospital | \square |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Ctairwood Hospital | |
| Date Submitted | 2019-06-06 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 071/2019 | |
| item Category: | Services | |
| | | - Line - |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Select | \vee |
| Date: | The state of the s | ES |
| Time: | | 1 |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za | × |
| QUOTES SHOULD BE DELIVERED TO: | CLAIRWOOD HOSPITAL (TENDER BOX) | |
| ENQUIRIES REGARDING THE ADV | ERT MAY BE DIRECTED TO: | |
| Name: | Mr W. Mjwara | ······ |
| Email: | lungile.zimu@kznhealth.gov.za | |

031-4515114 Mys S.G. Mkhize

No late quotes will be

considered

Contact Number:

Finance Manager Name:

Finance Manager Signature: