

## **Quotation Advert**

| Opening Date:   | 2019-06-06  | Ju          |
|---|---|-------------|
| Closing Date:   | 2019-06-19  |             |
| Closing Time:   | 11:00   |             |
| INSTITUTION DETAILS   |   |             |
| Institution Name:   | Clairwood hospital  | V           |
| Province:   | KwaZulu-Natal   |             |
| Department or Entity:   | Department of Health  |             |
| Division or section:  | Central Supply Chain Management   |             |
| Place where goods / services is required  | Clairwood Hospital  | PAAR. 2 AAS |
| Date Submitted  | 2019-06-06  | 50          |
| ITEM CATEGORY AND DETAILS   |   |             |
| Quotation Number:   | ZNQ:<br> 084/2019   |             |
| Item Category:  | Services  | $\square$   |
| Item Description:   | ANNUAL SERVICES OF AUTOCLAVE  |             |
|   |   |             |
| Quantity (if supplies)  |   |             |
| Quantity (if supplies)  | SITE VISIT  | ) 1411      |
| COMPULSORY BRIEFING SESSION   | ş   |             |
|   | SITE VISIT  Select  |             |
| COMPULSORY BRIEFING SESSION / Select Type: Date:  | ş   | Y           |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time:  | ş   |             |
| COMPULSORY BRIEFING SESSION / Select Type: Date:  | ş   | <u>&gt;</u> |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time:  | ş   | <u> </u>    |
| COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:  | Select  CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR   |             |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM:   | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za   |             |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:  | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za   |             |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVE                               | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za  CLAIRWOOD HOSPITAL (TENDER BOX)  RT MAY BE DIRECTED TO:  |             |
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| COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue:  QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email:                | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za  CLAIRWOOD HOSPITAL (TENDER BOX)  RT MAY BE DIRECTED TO:  Mr W. Mjwara  [ungile.zimu@kznhealth.gov.za               |             |
| COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue:  QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email: Contact Number: | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za  CLAIRWOOD HOSPITAL (TENDER BOX)  RT MAY BE DIRECTED TO:  Mr W. Mjwara  [lungile.zimu@kznhealth.gov.za  031-4515114 |             |