




Quotation Advert

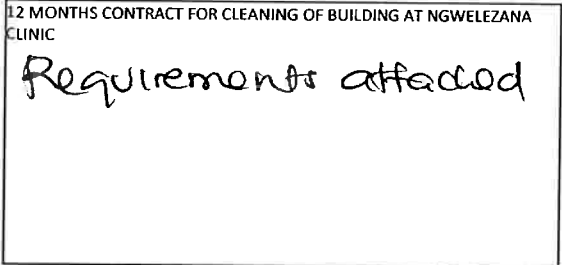
Opening Date: 04/03/2019 
Closing Date: 11/03/2019 
Closing Time: 11:00

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 THOKOZANI CLINIC
Date Submitted 04/03/2019 



ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
A316/18-19
Item Category: Services 

Item Description: 12 MONTHS CONTRACT FOR CLEANING OF BUILDING AT NGWELEZANA CLINIC


Quantity (if supplies) 06 EMPLOYEES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit 
Date : 07/03/2019 
Time: 12:00
Venue: THOKOZANI CLINIC

QUOTES CAN BE COLLECTED FROM: THOKOZANI CLINIC SITE MEETING

QUOTES SHOULD BE DELIVERED TO: NGWELEZANA HOSPITAL TANDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: RT MKHUMBUZI/ NS MNGOMEZULU

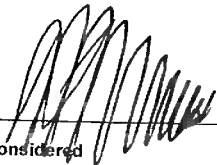
Email: nomathandazo.mngomezulu@kznhealth.gov

Contact Number:

Finance Manager Name:

MR L.SHANDU

Finance Manager Signature:



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No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address
Thanduyise road, Ngwelezana Township, eMpangeni 3880
Tel: 035 901 7210 Fax 035 794 1015 Email: siyabonga.mhlongo@kznhealth.gov.za
www.kznhealth.gov.za

NGWELEZANA HOSPITAL
SUPPLY CHAIN MANAGEMENT

EVALUATION CRITERIA FOR CLEANING OF CLINICS

Phase 1: Minimum compulsory requirements

- (a) Original/certified valid BEE certificate/sworn affidavit
- (b) Proof of CSD/Tax compliance (valid tax clearance/pin)
- (c) Valid certified copy of registration certificate with Bargaining Council
- (d) Certified copy of Unemployment Insurance Fund registration certificate
- (e) Letter of good standing with Department of Labour
- (f) Utility bill/letter from a ward councilor
- (g) Curriculum Vitae of employee

Phase 2: Pre-qualification criteria

BBBEE status-minimum level 1

Phase 3: Functionality

3.1 Number of years experience in cleaning in the form of reference letters. Weight 20

FIGURE 1

NUMBER OF YEARS	POINTS
Five years or more	=20
3-4	=15
2-3	=10
0-1	=5

3.2 Verifiable proof of locality. (utility bill/ward councilor) weight 30

AREA	POINTS
Within local (KZN282)	= 30
District	= 20

Outside District within KZN	= 10
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3.3 Competency expertise of key employees (C.V) W=10 experience

FIGURE 2

NUMBER OF YEARS	POINTS
5 or more	10
3-4	8
2-3	6
0-1	4

3.4 Military veterans (proof attached)	40
Total weight	100
Minimum passing score	70