

Quotation Advert

| Opening Date: | 2019-05-15 | ļa |
|--|---|-------------------------|
| Closing Date: | 2019-05-22 | 0 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | $\overline{\mathbf{v}}$ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | NGWELEZANA HOSPITAL THANDUYISE ROAD EMPANGENI | |
| Date Submitted | 2019-05-14 | P |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: A37/19-20 | |
| Item Category: | Goods | ∇ |
| Item Description: | ADULT MALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE (2000) ADULT FEMALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE (200) CHILD PATIENT HEALTH RECORD PRIMARY HEALTH CARE (BIRTH=15YEARS) | |
| Quantity (if supplies) | S5 000 | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | Not Applicable | $\mathbf{\nabla}$ |
| Date: | | la: |
| 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 ADVER | T MAY BE DIRECTED TO: | |
| Name: | NZ DLADLA/ NS MNGOMEZULU | |
| Email: | nomathandazo.mngomezulu@kznhealth.gov.za | |
| Contact Number: | 035 901 7228/7180 | |
| Finance Manager Name: | L SHANDU | |
| Finance Manager Signature: | # N/ / # / # 12 11/18## | |
| Ala da | te quotes will be considered | |