| health Department: Quotation Advert | | |
|--|--|--|
| Opening Date: | 2020-08-14 | 0 |
| Closing Date: | 2020-08-21 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ceza hospital / Thulasizwe hospital | abla |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | CEZA HOSPITAL. | |
| Date Submitted | 2020-08-13 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 222/20-21 | 99999 |
| Item Category: | Services | abla |
| Item Description: | SUPPLY AND INSTALL TENTED FLUE CLINIC. | a.a.a.minimis (dynamiska) is stremmenter "; mjelika sit totrophe p |
| Quantity (if supplies) | 01 EACH | - |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Both | \vee |
| Date : | 2020-08-18 | • |
| Time: | 11H00 | |
| Venue: | CEZA HOSPITAL (SPORT GROUND) | |
| | | - 8 |
| QUOTES CAN BE COLLECTED FROM: | CEZA HOSPITAL ON COMPULSORY BRIEFING SESSION/SITE VISIT. | - Commission of the Commission |
| QUOTES SHOULD BE DELIVERED TO: | CEZA HOSPITAL (TENDER BOX NEAR MAIN GATE) | 51 |
| ENQUIRIES REGARDING THE ADVI | ERT MAY BE DIRECTED TO: | |
| Name: | MR G.N. Masondo | |
| Email: | Bhegumuzi.zungu@kznhealth.gov.za | |
| Contact Number: | 035 832 5074/3 | , and a second |
| Finance Manager Name: | MR. S.F Mdlarose | |
| Finance Manager Signature: | o late quotes will be considered | _ |