




Opening Date: 2020-02-25 

Closing Date: 2020-03-12 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Mosvold hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: MOSVOLD HOSPITAL

Date Submitted: 2020-02-24 

ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:
185 / 2019 / 2020


Item Category: Goods 

Item Description: SUPPLY AND DELIVERY OF DENTAL COMSUMABLES

Quantity (if supplies): 04 ITEMS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: MOSVOLD HOSPITAL SCM

QUOTES SHOULD BE DELIVERED TO: MOSVOLD HOSPITAL TENDER BOX AT MAIN GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS NONHLAHLA ZIKHALI

Email: nonhlanhia.zikhali@kznhealth.gov.za

Contact Number:

035 591 0122 ext 153





Finance Manager Name:

MRS N.P MYENI

Finance Manager Signature:

T.P. Madela

No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page