

Opening Date: 2020-01-21

Closing Date: 2020-01-28

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: St Chads CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required ST CHADS CHC

Date Submitted 2020-01-16

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
490/19-20

Item Category: Goods

Item Description: MISSION HEMOGLOBIN TEST STRIP
BOX/10

Quantity (if supplies) 100

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date : N/A

Time: N/A

Venue:

QUOTES CAN BE COLLECTED FROM: ST CHADS CHC SCM OFFICE CRN OF HELPMEKAAR AND EZAKHENI MAIN ROAD, LADYSMITH,3370

QUOTES SHOULD BE DELIVERED TO: DEPOSITED IN THE TENDER BOX NEXT TO THE SECURITY MAIN GATE AT ST CHADS CHC

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

ZOE NGUBANE /ANNALINE SOMARU

Email:

zoe.mkhize@kznhealth.gov.za / annaline.somaru@kznhealth.gov.za

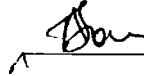
Contact Number:

036 637 9600

Finance Manager Name:

MISS L.P ZONDI

Finance Manager Signature:



No late quotes will be considered