


Opening Date: 2020-07-29 
Closing Date: 2020-08-04 
Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: PMB Assessment & Therapy Centre
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: PMB ASSESSMENT AND THERAPY CENTRE
Date Submitted: 2020-07-28 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 13/20-21
Item Category: Goods
Item Description: DEVELOPMENTAL TEST OF VISUAL PERCEPTION, THIRD EDITION

Quantity (if supplies) 1 UNIT

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: PMB ASSESSMENT AND THERAPY CENTRE

QUOTES SHOULD BE DELIVERED TO: PMB ASSESSMENT AND THERAPY CENTRE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: FANA C MIYA
Email: fana.miya@kznhealth.gov.za
Contact Number: 033 397 0382
Finance Manager Name: LYNETTE NAIDOO
Finance Manager Signature: 

No late quotes will be considered