

Opening Date:	<input type="text" value="2020-07-31"/>
Closing Date:	<input type="text" value="2020-08-13"/>
Closing Time:	<input type="text" value="11:00"/>
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="Nkonjeni hospital"/>
Province:	<input type="text" value="KwaZulu-Natal"/>
Department or Entity:	<input type="text" value="Department of Health"/>
Division or section:	<input type="text" value="Central Supply Chain Management"/>
Place where goods / services is required	<input type="text" value="NKONJENI HOSPITAL (SCM)"/>
Date Submitted	<input type="text" value="2020-07-29"/>
ITEM CATEGORY AND DETAILS	
Quotation Number:	<input type="text" value="ZNQ:
210/20/21"/>
Item Category:	<input type="text" value="Services"/>
Item Description:	<input type="text" value="REQUEST FOR CLEANERS AT ULUNDI A CLINIC FOR A PERIOD OF 6 MONTHS"/>
Quantity (if supplies)	<input type="text" value="03"/>
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	<input type="text" value="Both"/>
Date :	<input type="text" value="2020-08-06"/>
Time:	<input type="text" value="11:H00"/>
Venue:	<input type="text" value="NKONJENI HOSPITAL (CHAPEL)"/>
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="THE SITE BRIEFING"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="NKONJENI HOSPITAL, TENDER BOX SITUATED AT SECURITY MAIN GATE"/>
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	<input type="text" value="Miss P.T.DLAMINI"/>
Email:	<input type="text" value="N/A"/>
Contact Number:	<input type="text" value="035 873 0013"/>
Finance Manager Name:	<input type="text" value="Ms G.N Ngcobo"/>
Finance Manager Signature:	

No late quotes will be considered