

Opening Date: 2020-07-24

Closing Date: 2020-07-31

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Dundee hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required DUNDEE HOSPITAL

Date Submitted 2020-07-22

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
27/07/2020

Item Category: Goods

Item Description: MOBLE X-RAY UNIT

Quantity (if supplies) 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NOMASONTO NKOSI

Email: nomasonto.nkosi@kznhealth.gov.za

Contact Number:

034 218 1245

Finance Manager Name:

MRS T.T.VILAKAZI

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'MRS T.T. VILAKAZI', is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered

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Note: