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KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN Health Intranet

KZN HEALTH

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	2021-06-02	
Closing Date:	2021-06-14	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Church of Scotland hospital	<input type="checkbox"/>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	CHURCH OF SCOTLAND HOSPITAL	
Date Submitted	2021-06-02	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: ZNQ-COS073/21-22	
Item Category:	Services	<input type="checkbox"/>
Item Description:	Service high master lamp and service street light REQUIREMENT OF CONTRACTOR CIDB:EB	
Quantity (If supplies)		
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Both	<input type="checkbox"/>
Date :	2021-06-07	
Time:	10:30	
Venue:	BEHIND SCM OFFICERS	
QUOTES CAN BE COLLECTED FROM:	Documents will be available on site meeting	
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX or Email to Noluthando.Mchunu@kznhealth.gov.za	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	Thando Mchunu	
Email:	Thando.Mhlongo@kznhealth.gov.za	
Contact Number:	0334931000/1033	

Finance Manager Name:

MR S.J PIENAAR

Finance Manager Signature:



No late quotes will be considered

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Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Church of Scotland Hospital	
Date Submitted	2021-06-02	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: COS081.21-22	
Item Category:	Services	<input checked="" type="checkbox"/>
Item Description:	SERVICING OF PARTICLE COUNT IN THEATRE SECTION (CSSD,OT1,OT2) REQUIREMENT OF CONTRACTOR THE SERVICE PROVIDER MUST BE A SPECIALIST Please attach the proof of previous work done	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Both	<input checked="" type="checkbox"/>
Date :	2021-06-07	
Time:	10:30	
Venue:	BEHIND SCM OFFICES	
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QUOTES SHOULD BE DELIVERED TO:	tender box or email to Noluthando.Mchunu@kznhealth	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	Thando Mhlongo	
Email:	Thando.Mhlongo@kznhealth.gov.za	
Contact Number:	0334931000/1033	

Finance Manager Name:

Mr SJ Pienaar

Finance Manager Signature:



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