



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 23/05/2024
Closing Date: 31/05/2024
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Prince Mshiyeni Memorial Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Supply Chain Management
Place where goods/ service is required: Prince Mshiyeni Memorial Hospital
Date Submitted: 23/05/2024

ITEM CATEGORY AND DETAILS

Quotation number: **PMM/122/24/25**
Item Category: Services
Item Description: Request for four months outsourcing of hospital orderly service service 22 personnel

N.B PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:

Gender – Promotion of Enterprises located in the Catchment Area of the Institution for work to be done/ services to be rendered in that Catchment Area

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Meeting
Date 28/05/2024
Time: 09:30AM
Venue: PMMH TV Room Nurses Home

QUOTES CANE BE COLLECTED FROM: Prince Mshiyeni Memorial Hospital, Supply Chain Management Office and Date: 24/05/2024 till 27/05/2024. Time: 09:30am to 15:30pm. No quotation document will be available on site meeting. Failing to collect quotation document the company will not be allowed to attend Site Meeting

QUOTES CAN BE DELIVERED TO: PMMH on Tender Box ONLY!

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: MR. Hloniphani Ngcobo

Email: hloniphani.ngcobo@kznhealth.gov.za

Contact number: 031 907 8214

Finance Manager Name: Mr C.D Zuma

Finance Manage signature: 

PRINCE MSHIYENI MEMORIAL HOSPITAL

SECTION A CONTRACT DOCUMENT REQUIREMENT

DOCUMENTS REQUIRED	TYPE OF COPY	YES	NO
Quotation, Specification Document, Duly Completed and Signed, must be hand delivered to the tender box, no fax and emailed documents will be accepted	Original Complete Quotation		
Price Breakdown of Salary Structure in Accordance with Current National Minimum Wage Rates duly completed and signed	Original Complete Schedule		
Declaration of Interest (SDB4) Fully Completed	Original		
Proof of Registration on Central Suppliers Database (CSD) compliant with all CSD requirements	Copy		
Valid Tax Clearance on CSD or Tax Clearance Status Pin	Copy CSD		
Compensation of Occupational Injuries and Diseases Act (COIDA) Letter of Good Standing	Certified		
Letter of Good Financial Standing Demonstrating Active Account (Inactive Account will be rejected)	Original With Bank Stamp		
Proof of Insurance Covering company against Public Liability and All Business related risks (Policy Holder must be tendering company, with Policy Number and attach proof of payment not older than two months) Note: We reserve the right to confirm and verify insurance cover	Copy of Policy Document		
Complete schedule and provide three contactable Trade References, in domestic services such as cleaning, general orderlies, portering, gardening and grounds. Note not more than one Trade Reference per each institution if only one institution this will be rejected	Original Complete Schedule		

FAILURE TO PROVIDE ALL OF THE ABOVE REQUIRED DOCUMENTATION WILL RENDER THE OFFER AS NON RESPONSIVE AND WILL BE REJECTED.

I ACKNOWLEDGE THAT THIS FORM HAS BEEN CHECKED BY ME, AND THAT ALL THE REQUIRED INFORMATION AND DOCUMENTS HAVE BEEN FURNISHED. FAILURE TO PROVIDE THESE DOCUMENTS MAY RENDER MY QUOTATION INVALID AND NONE RESPONSIVE.			
INITIALS			
FIRST NAME			
SIGNATURE		DATE SIGNED	