# KENYATTA NATIONAL HOSPITAL RECOMMENDATION FORM

**TENDER NO: KNH/T/87/2023-2024 – SUPPLY AND DELIVERY OF PATIENT LINEN**

Bidder Name……………………………………………………………………………….. Address: …………………………………………………………………………………………….

This is to confirm that the above mentioned bidder has supplied and delivered similar items to our institution satisfactorily.

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| Name of Institution…………………………………..  Contact Person………………………………………… Designation……………………………………………….. Phone Number………………………………………….. Sign……………………………………………………………  Stamp………………………………………………………. | Name of Institution…………………………………..  Contact Person………………………………………… Designation……………………………………………….. Phone Number………………………………………….. Sign……………………………………………………………  Stamp………………………………………………………. | Name of Institution………………………………….. Contact Person………………………………………… Designation……………………………………………….. Phone Number………………………………………….. Sign…………………………………………………………… Stamp………………………………………………………. |