ANNEXURE -1 B-FINANCIAL BID

FORMAT FOR EXPRESSION OF EMPANELMENT UNDER RBSK

Sl.No	Particulars	Amount
1	For travel up to 10 km distance	
2	Beyond 10km distance (Rs-------per Km)	

No charges will be paid if Patient is not in Ambulance

Signature of the Owner.....

Name of the Owner.....

Address of the Owner(s).....

Seal.