



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान तिरुवनंतपुरम
(मानव संसाधन विकास मंत्रालय, भारत सरकार के तहत स्वायत्त संस्था)
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH THIRUVANANTHAPURAM
(An Autonomous Institution under MHRD, Government of India)
सी.ई. टी परिसर, तिरुवनंतपुरम /CET Campus, Thiruvananthapuram-695016
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FINANCIAL BID

(To be submitted in duplicate)

AMBULANCE ON MONTHLY BASIS

(All Days in a month / Round the clock (24 hours)

Minimum 2500 KM per month

Type of Vehicle	Rate per month (in Rs)	Any other Charges (specify)	Total monthly charges (all inclusive) in Rs.
Ambulance (A/C) as per the laid down specifications for round the clock operations (i.e 24 hours in a day) for all the days in a month and upto 2500 KMs per month.			

Note: Institute will pay Rs.15/- (Rupees Fifteen only) per additional KM in case of use beyond 2500 KM per month. The rates for additional KM will be revised only as per the clause 23 of "Other terms and conditions of the contract".

(Authorized Name & Signatory of Agency/firm with stamp)

- Notes:
- 1) Rate quoted should be for 2500 Kms; all days in a month and 24 hours per day (i.e round the clock operation).
 - 2) Additional charges as specified above will be paid only for use beyond 2500 Kms per month.
 - 3) The time and milometer readings will be noted one at the time of reporting for duty at the Institute and the same will be the basis for calculation of bills.
 - 4) The transport services provided to this Institute is exempted from paying **service tax** under auxiliary educational services.
 - 5) Institute will bear the toll, parking charges etc. if any paid during the assigned trip on production of receipts.
 - 6) The vehicles are to be assigned as per the time and place specified by the Institute. The time of commencement of duty will be counted only from that time and place.
 - 7) Penalty as decided by the Institute will be imposed for late arrival, non-adherence of instructions from the part of agency / driver, misbehaviour with users etc.

Date:- _____

SIGNATURE _____

Place:- _____

NAME & Address of the Tenderer with seal