



**VISVA-BHARATI
SANTINIKETAN**

REQUISITION FOR AMBULANCE

I

An Ambulance is required for transferring patient from P.M. Hospital to..... (Kolkata / Durgapur / Barddhaman) on (Date)at(Time) as referred by Dr.....

P.M. Hospital, Visva-Bharati, Santiniketan. (A copy of referral Slip is attached herewith).

The sum of Rs.4, 000.00 (For Kolkata) / Rs.1, 500.00 (For Durgapur) / Rs.1, 500.00 (For Barddhaman) for the services availed to be treated as deduction from my salary.

Employee's Signature/ LTI:
(LTI to be taken by close relative in case the employee is unable to sign)

Name:

Designation:

I.D. No.:

Date:

II

(To be detached and sent to the Accounts Officer, Visva-Bharati)

Sri has availed Ambulance Services from P.M. Hospital, Visva-Bharati, Santiniketan to on (Date) at (Time) to

A sum of Rs.4000.00 (For Kolkata) / Rs.1, 500.00 (For Durgapur) / Rs.1, 5 00.00 (For Barddhaman) may be deducted from the salary of Sri, I.D. No.....

Controlling Officer
Date:

III

(To be detached and given to the Driver)

Sri.....(Driver)

Please transfer Sri ID No. from P.M. Hospital to(Name of the Medical Institute) at (Time) on (Date).....by Visva-Bharati Ambulance.

Controlling Officer
Date:

The In Charge (Central Transport Cell), Visva-Bharati