



**APPLICATION FORM FOR THE RESERVATION OF
STAFF WELFARE ORGANIZATION AMBULANCE**

1. Name:- _____
2. Designation with BPS:- _____
3. Office of Employee: _____
4. Residential Address: _____
5. Phone Office: _____ Res: _____ Mobile _____
Date: _____ Time: _____ Opening Meter _____
Closing Meter _____
6. Name of Patient and Relationship With Govt. Servant _____

7. Purpose of Journey: _____
8. Particulars of Journey to be performed:- _____

I shall abide by the prescribed terms and conditions regarding the use of Staff Welfare Organization's Ambulance.

(SIGNATURE OF THE APPLICANT)

CHARGES FOR AMBULANCE

- | | | |
|------|---------------------------------------|-------------------|
| i) | Employees in BPS. 1-10 & Dependants. | Rs.20/- Per Visit |
| ii) | Employees in BPS. 11-16 & Dependants. | Rs.50/- Per Visit |
| iii) | Employees in BPS. 17-22 & Dependants. | Rs.70/- Per Visit |

*In addition, waiting/ detention @ Rs. 30/- per hour After the Ambulance reaches the Hospital shall Also be charged.

FOR OFFICE USE

Date _____ Time from _____ to _____ Opening Meter _____

Closing Meter _____ Mileages Covered _____ Received Amount _____

Vide R/No _____ Driver on Duty (Name & Signature) _____

Assistant Welfare Officer

Allowed/Not Allowed

(WELFARE OFFICER)