Format for Financial Bid for Monthly Concurrent Audit for State & District Health Societies for the FY 2018-19

Bid submitted for (-----Insert Name of State or District for which bid is submitted)

Item or Activity	Total Amount per month (In Rupees)
Audit Fee (Inclusive of TA/DA + All Taxes)	Both in numeric and in words per month (Rs/-
	Rupees)
Note: Percentage of funds involved shall not be a basis of quoting the Audit Fee)	

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Place:

Signature of Authorized Signatory of the firm along with seal.