

**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)
<p>Audit Fee (Inclusive of TA/DA + All Taxes)</p> <p><small>Note: Percentage of funds involved shall not be a basis of quoting the Audit Fee)</small></p>	<p>Both in numeric and in words per month</p> <p>(Rs. -----/-</p> <p>Rupees-----)</p>

Date:

Place:

Signature of Authorized Signatory of the firm along with seal.