

Annexure I

Kindly provide the quotation in the below prescribed format with a duly stamped and signature by the bidder.

PERSONAL DETAILS OF THE BIDDER	
Name of the Radiologist/Agency:	
Address:	
Contact Number:	
Email ID:	

Sr. No.	Particulars	Details	Submission Status
1	Working hours	In hour	
2	Per CXR interpretation with report, cost including all (if any)	In Rs.	
3	Highest qualification of radiologist (qualification certificate and registration with MCI or another agency)	Attested qualification and registration certificate	