

ANNEXURE – III

(See rule 57 C)

ESTIMATE OF ANNUAL REQUIREMENT

1. Name and address of the recognised medical institution
2. Period for which the estimate is submitted
3. Quantity disbursed during the previous year
4. Quantity estimated to be disbursed during the
year for which estimate is submitted
5. Supplier who would supply the quantity

<i>Sl. No.</i>	<i>Name and address of the supplier</i>	<i>Quantity</i>

6. If there is a supplementary requirement, give details of annual requirements sent earlier and the reasons for giving a supplementary requirement.

Station :

(Signature of the authorised medical

Date

practitioner / in-charge with name)