

Estimate Memo :

Date :



M/s.....DC.DC.....

Address.....District Hospital.....

Sr. No.	Description	Qty.	Rate	Amount
1				
2	कॉन्टैक्ट —	4	40	160
3				
4	लोक वाइर —	1	90	90
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18			250	
19				
20				

Signature