



SOUTH ASIAN UNIVERSITY

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ANNEXURE-I

PRICE SCHEDULE (TO BE SUBMITTED ON LETTERHEAD OF THE FIRM)

For lab investigations/tests listed on CGHS:

Item	% of discount on total cumulative bill amount per month
Discount on CGHS (if any)	

For lab investigations/tests NOT listed on CGHS:

S.No.	Name of the Investigation/test	Rate per test excluding tax (in Rs.)

Dated.....

Place.....

Name & Address of Firm
Signature of Authorized Representative & Seal of the firm

7
Handwritten signature