

SISCO CARE

SERVICE CONTRACT FORM

Ref No: _____

Date: _____

SIGNED ON BEHALF OF THE CUSTOMER
ANNUAL MAINTENANCE CHARGES
For Every 100 Instruments **PER ANNUM.**

| Category Of Instruments | Quantity | Rate Per 100 No's | Total Value Of Contract |
|-----------------------------|----------|-------------------|-------------------------|
| General surgery | | | |
| Gynaecology | | | |
| Urology | | | |
| Neuro Surgery | | | |
| Cardio Thoracic | | | |
| Plastic Surgery | | | |
| E.N.T Surgery | | | |
| Tungsten Carbide | | | |
| Laparoscopy | | | |
| Imported Instruments | | | |
| OTHERS | | | |
| TOTAL | | | |
| Add Service Tax @ | | | |
| Total Contract Value | | | |

Period of Contract: -

From: _____

End: _____

| |
|------------------------------|
| Name & Address Of The Client |
|------------------------------|

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|------------------------------------|
| Authorised Signature Of The Client |
|------------------------------------|

Contact Person

Signature of Authorised Service Representative