

**Sub: Extension of KoPT's Ambulance facilities  
to non-port Dock Workers**

In pursuance of a decision to extend the transportation facilities of the ambulance stationed at NSD to non-port dock workers, a format requisition is enclosed.

The ambulance if requisitioned by a registered port user on emergencies, may be allowed to be used on compliance of the following procedure :

- (1) Ambulatory services will be asked for only in emergencies arising within the Dock area and on being requisitioned by a regular port user placing the format requisition with the NSD Fire Station. The charges shall be therefore be billed and recovered post-facto.
- (2) The forms should be be available round the clock .
- (3) The services of the ambulance will be subject to availability with priority to port workers.
- (4) The ambulance driver/operator shall maintain a log book stating time and kilometer and any additional services rendered. These should be checked and certified by the SOFF.
- (3) Necessary bill for ambulance charges will be raised by Security Officer, Fire Fighting and realised by Supdt NSD.
- (4) Once the charges are recovered in cash, the TR shall be recorded with the SOFF for auditing purpose.



(G. Chakraborti)  
Supdt. General  
for Traffic Manager

Dated :

To  
The Supdt. NSD/Security Officer, Fire Fighting(SOFF),

Sub : Requisition for Port Ambulance.

Sir,

We, M/s. (Agent/Stevedores/Clearing Agent/Barge Operator) are registered users at the Kolkata Dock System.

Kindly allow us to use the KoPT Ambulance No.....to transport, on emergency, the following patient/patients to a nearby hospital. We undertake to use the said ambulance only for the aforesaid purpose and shall be liable to pay charges as may be billed by Kolkata Port Trust for extending such services, within seven days of the receipt of such bill at our billing address.

We also understand that the service is subject to availability of the vehicle and no claim for waiver, refund or any other consequence shall be made by us on KoPT or shall be entertained by KoPT in respect or such services.

Name of injured worker with identity	Name and full billing address (To be filled up by the user and recorded with the Fire Officer, NSD) of concerned Port Users/ Contractors employing the injured/sick worker(Registered users only)	Time, Date & Place of injury/falling ill	Ambulance No. & Name of the Driver of the Ambulance with identity
(1)	(2)	(3)	(4)

Full Name :

Signature :

Designation :

Name of Company :