

## STANDARD FARE CHART

H.Q Name :-	Department :-

B.O/B.E Name :- State :-

O/D.E Ivai	iic		State	
S.No.	Station From	Station To	Distance in K.Ms ( One Side )	Frequency Of Visits in a Month
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

INITIATED BY APPROVED BY:-

VENUS REMEDIES LIMITED

Format No: DMSD/005/F01 Revision No: 00 Page No: 1 of 1