

H1/17352/STA/2010

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Dated : 20/10/2016

From,

The Transport Commissioner,
Thiruvananthapuram.

To,

All Regional Transport Officers

Sir,

Sub:- Motor Vehicle Department-Kerala State Fare Revision Committee-fixing fares
of ambulances- survey among ambulance service providers-questionnaire -
circulation -reg

Ref:- Minutes of the Fare revision committee meeting held on 27/10/2016

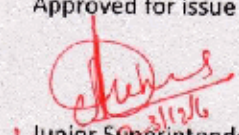
The Kerala State Fare revision Committee has decided to conduct a study on Ambulance services in Kerala in connection with fixing fares of Ambulances. In this regard a questionnaire has been prepared for collecting details from the Ambulance service providers. Copy of the questionnaire is forwarded herewith to circulate the same among the ambulance service providers in your jurisdiction. The questionnaire may be get answered by the ambulance service providers and forward the same to this office within 30 days from the date of receipt of this communication.

Yours faithfully

Sd/-

Joint Transport Commissioner
For Transport Commissioner

Approved for issue


Junior Superintendent

23/10/16

Survey among Ambulance Service Providers

The survey is being conducted at the instance of Kerala State Transport Fare Revision Committee, for the Government of Kerala, as a part of fixing tariff for Ambulance services in Kerala. As a prelude to this exercise, the Committee desires to collect particulars from the ambulance service providers / owners through a structured questionnaire. Details collected will be kept confidential and the quality of this study depend upon the correctness of the details provided by the operator / service provider. We request you to co-operate with this study.

PART I - GENERAL

[Please tick (✓) the box appropriate to your case]

1. Type of Service Provider:
2. State Govt. /Govt. Hospital

Local Self Government

Private Hospital

NGO/Charitable Trust

Private Individual

Others (please specify)

3. Type of services provided through the Ambulance

a) Mortuary service

b) Emergency services - Carry patients from/to home

c) Carry accident victims to hospital

d) Other Services - Please specify

4. How do you get the request for services

a) Friends / by-standers/relatives

b) Direct contact to owners/Drivers

c) Telephone call

d) Others, specify

4. How do you fix charge for the service

Lumpsum amount

Based on the journey time /delay enroute

Rate per K.M

Other norms, specify

5. Do you fix a minimum charge

Yes	No
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6. If yes, the minimum charge and the norm for fixing (Rs)

7. Do you get service every day

Yes	No
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8. How many services or trips performed during the last one month (Nos)

9. How much amount you collected as charge during the last one month (Rs)

10. Total amount collected during a month (Rs).....

PART II - Facilities available in the ambulance [Please tick (✓) the box appropriate to your case]

A. Basic life support facilities

i) Spine Board

ii) Oxygen Cylinder

iii) Suction Apparatus

iv) Resuscitation Kit

v) First Aid Kit

vi) Cervical Collar

vii) Splint

viii) Mini electric cutter

ix) Mini generator

x) A/C or Non A/C

xi) Others facilities (Specify)

- B.** Advance Life support facilities
- i) Cardiac Monitor
 - ii) Emergency Medicine
 - iii) IV fluids
 - iv) Defibrillator
 - v) Other facilities (Specify)
- C.** How many Ambulance vehicles do you have (Nos)
- i) Ambulance with BLSF
 - ii) Ambulance with Advance Life Support Facilities
 - iii) Ordinary Ambulance
 - iv) Total

PART III - Qualification and experience of drivers

1. Name of the Driver / Driver's age
2. License No and year of License award
3. Educational Qualification of the Driver
 - i. For non metric (below SSLC), state the education level
 - ii. SSLC Pass
 - iii. Plus Two Pass/ Fail
 - iv. ITI /Diploma holder
 - v. Graduation and above
 - vi. Others, Specify
4. Whether the Driver has any previous training in ambulance driving /Critical care/First aid

Yes	No
-----	----
5. Have you provided any training in ambulance driving after recruitment

Yes	No
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6. What is the procedure that you follow for ambulance driver selection
 1. Advertisement
 2. Enquiry through friends/others/public
 3. Others, specify
7. Do you conduct interview or test for selection of driver

Yes	No
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8. Do you provide any special training to drivers after posting

Yes	No
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9. If yes, explain the type of training
1. Traffic Rules
 2. Behavioural training to patients
 3. Primary/emergency medical aid to patient
 4. Others Specify

10. What is the average monthly salary of the driver (Rs)

11. Do you provide any additional allowance/ incentive to driver

Yes	No
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If yes what are the monthly allowances (Rs)

PART IV - Cost and Revenue particulars

A. Cost

1. What is your type of Ambulance

With BLSF	ALSF	Ordinary
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2. Company Brand
3. Year of manufacture
4. Cubic Capacity (HP)
5. Weight of the vehicle (Kg)
6. Type of Fuel used in the vehicle

Petrol	Diesel	Gas
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7. Cost of the vehicle (Rs)
8. Road Tax (Rs)
9. Registration Fees (Rs)
10. Other fees/charges (Rs)
11. Insurance premium (Rs)
12. Total on-road price of vehicle (Rs)

B. Maintenance cost

1. Mileage of vehicle/ Cost of Fuel per Km (Rs)
2. Service cost, washing, oil change etc
Rs.....
3. Insurance premium per year
Rs.....

4. Road Tax / Pollution certification test a year

Rs.....

5. Other routine maintenance cost

Rs.....

6. Amount per year set apart as depreciation

Rs.....

7. Total maintenance cost a year (Average)

Rs.....

C. Driver Cost

1. Driver's salary per month including incentives/allowance

Rs.....

2. Do you provide any social security payments like EPF, ESI, Welfare Fund, Contributory pension etc

Yes	No
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3. If yes specify the monthly amount

Rs.....

4. How many drivers you have for one ambulance (Nos)

5. Do you have supporting staff like cleaner, staff nurse etc (Please specify)

Yes	No
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If yes, what is their monthly remuneration / salary (Rs)

6. Total annual expenses for the driver, helpers, nurse etc (Rs)

D. Bank Loan

1. Have you availed Bank loan for purchase of the ambulance

Yes	No
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If yes, loan amount availed (Rs).....

2. Monthly installment being paid including interest (Rs).....

3. Total Annual expenditure (Rs).....

4. Annual net profit (Rs).....

- E. What are the major problems /issues that you face in ambulance services
(please specify)
- F. What are the suggestions for better Ambulance service to benefit the
people.

Place:
Date:

Signature of the Owner/Manager

Name and Address:

Office seal