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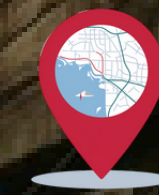
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Problem

STATEMENT



Puran Dhaka



Ambulance cannot reach Patient—due to over traffic it's unable to **maneuver** through the **congested, narrow roads** of Overpopulated Cities like Dhaka.



Ambulances are very scarce in rural area outside of Capital. Again the **cost is unbearably high**. On top of that, it will take a long and difficult journey to reach you, **crossing the muddy rural roads** of Bangladesh.



5 Problems of the Traditional Ambulance System in LMICs

Incoordination

High Cost

Vehicle size

**Limited
Accessibility**

Inexpert EMP

TRAMBULANCE

An Affordable Tri-Wheeled Battery-Powered Ambulance for LMICs

for both patient transport and emergency medical cargo.



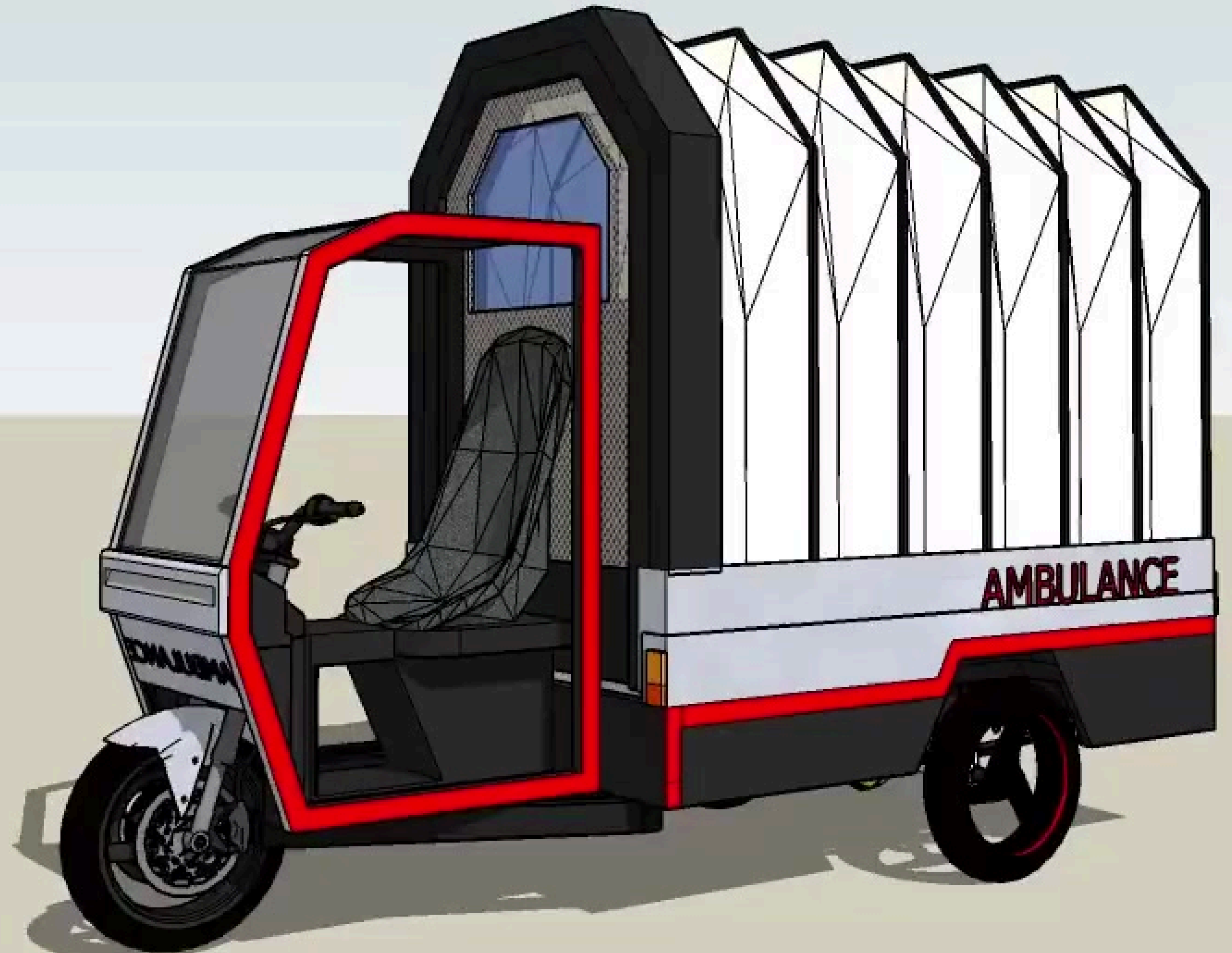
Available and fast response



Sustainable Design



Affordable



INCOORDINATED EMERGENCY TRANSPORT SYSTEM

Current challenges



Fragmented Contacts

Too many hospital-based ambulance calling number; lack of a coordination.



No real time data

999 has not updated data and real time location of ambulance.



Concentrated Docking Hub

Hospital-based parking keeps ambulances leaving long round trips.

COORDINATED EMERGENCY TRANSPORT SYSTEM

Dhaka has 87 hospitals, 270 ambulances^[1]



Current Solution
Hospital based Outpost

Normal Hospital Parking based
Ambulance response time

Overnight- 38 min
Weekend- 45 min
Rush Hour- 85 min^[1]



Proposed Solution
Decentralized Outposts

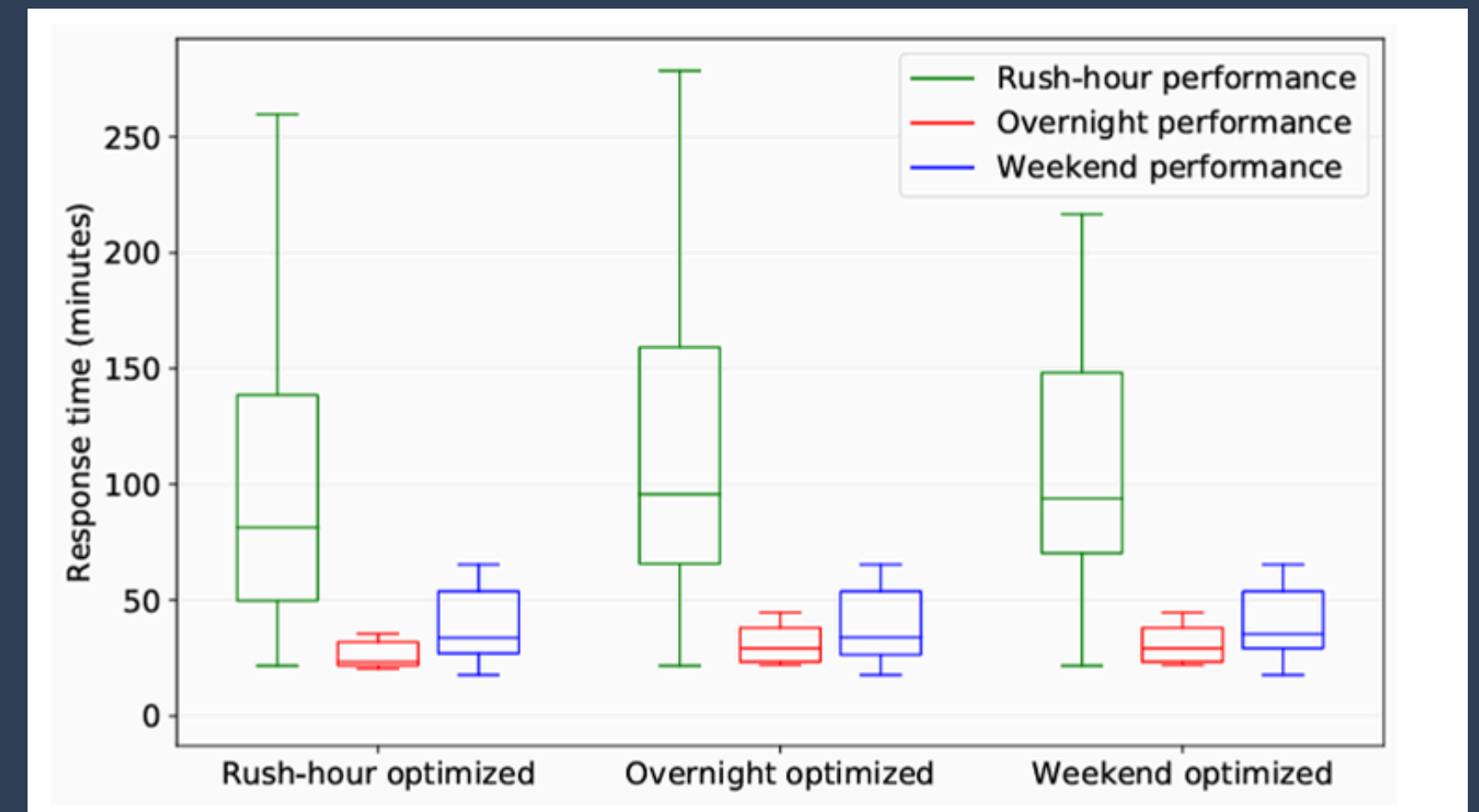
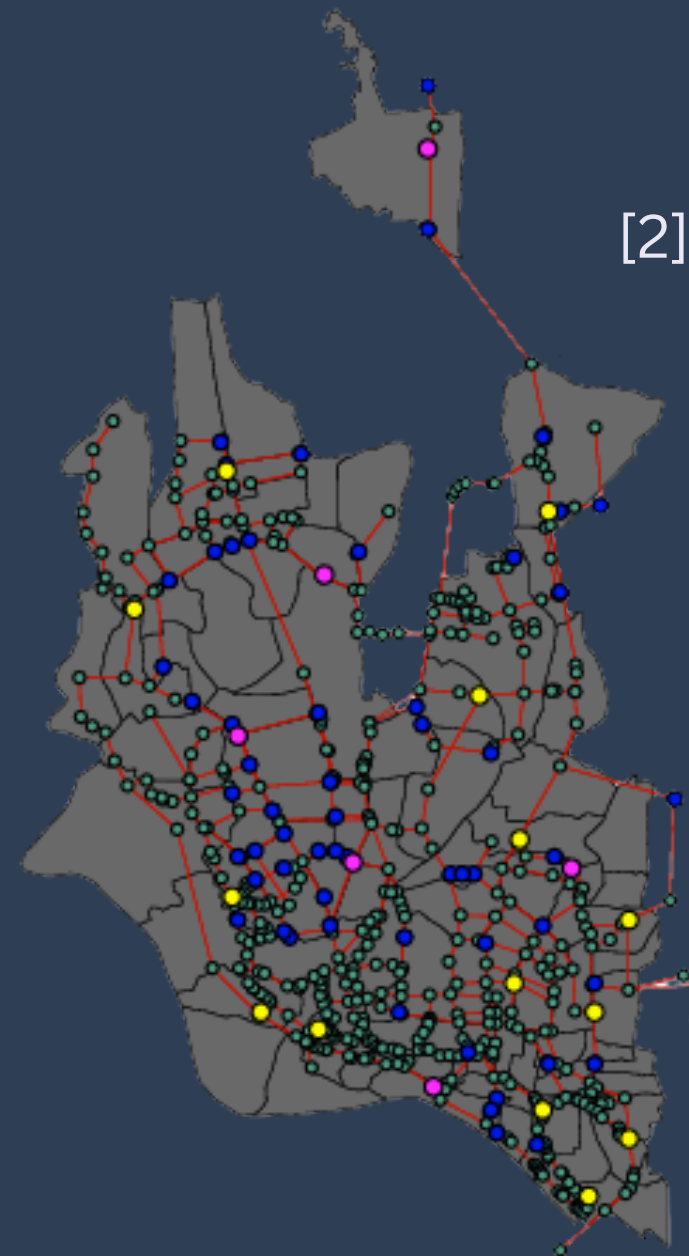
Emergency response time after establishing
outposts at strategic locations

Overnight- 24.1 min
Weekend- 33.3 min
Rush Hour- 47.2 min^[1]

(1) Razzak, J. A.; Kellermann, A. L. Emergency Medical Care in Developing Countries: Is It Worthwhile? Policy Pract.



This shows-
significant improvements



COORDINATED EMERGENCY TRANSPORT SYSTEM



Proposed Solution

GPS App based Coordination



Real time live location of Near-by
Trambulance and Driver Details
and contact Info



Centralized Cost Transparency



COORDINATED EMERGENCY TRANSPORT SYSTEM



Like **India's Ola Emergency Ambulance**,
Kenya's Flare app



Integrated with Trambulance Emergency app and
Uber, Pathao



Route Optimization on the basis of **Machine Learning and AI**





HIGH COST MANUFACTURING COST

ICU-equipped ambulance (Toyota Hiace) costs
₹4–5 million

Imported, fully equipped ICU ambulances
₹7–8 million

Locally modified vans (stretcher + oxygen
cylinder)
₹2-3 million



HIGH COST

OPERATIONAL COST

Basic ambulance ride:

₳2,000–₳5,000

ICU/CCU ambulances:

₳8,000–₳15,000

Dhaka to remote districts:

₳15,000–₳25,000

Trambulance's Affordability & Cost-Effectiveness

Manufacturing Cost


Price-0.25 million BDT

30 Trambulances = 1 Hi-Ace Ambulance



Trambulance's Affordability & Cost-Effectiveness

Operating Cost



Only 10%
of Total Cost

Fuel/Energy

IC engine Ambulance 5–7 km/litre Petrol
→ BDT 15–20/km

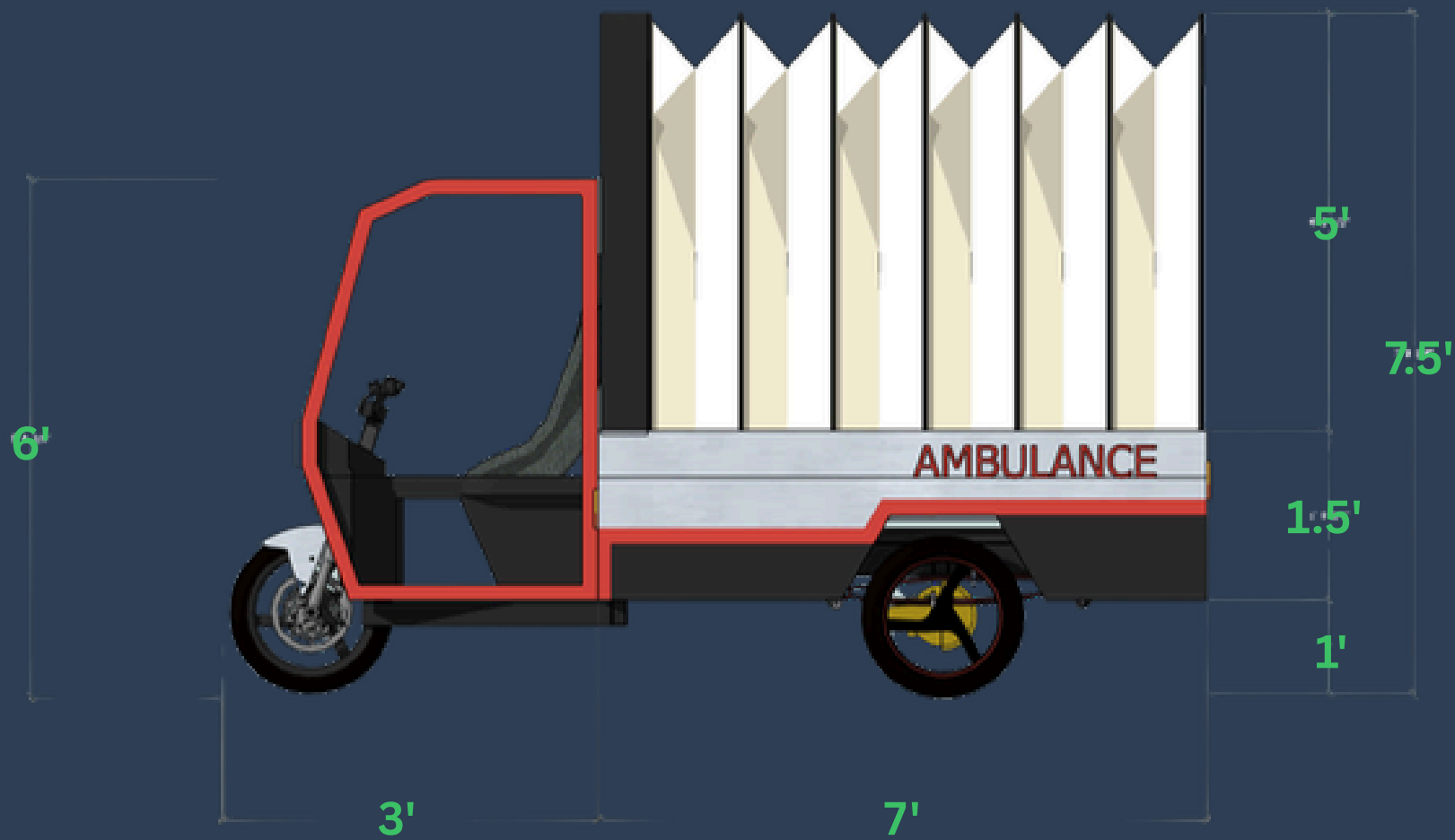
Trambulance 0.15–0.25 kWh/km
→ BDT 1.5–2/km

Annual Operating Cost (10,000 km)

IC engine Ambulance ~BDT 3-4 millions

Trambulance ~BDT 0.3-0.5 million

Vehicle Size



10' X 4'

TRAMBULANCE

28 min



20' X 6'

VAN AMBULANCE

35 min

20% Reduced Response Time

Trambulance CAD model for Manufacturing

Nimble & Agile

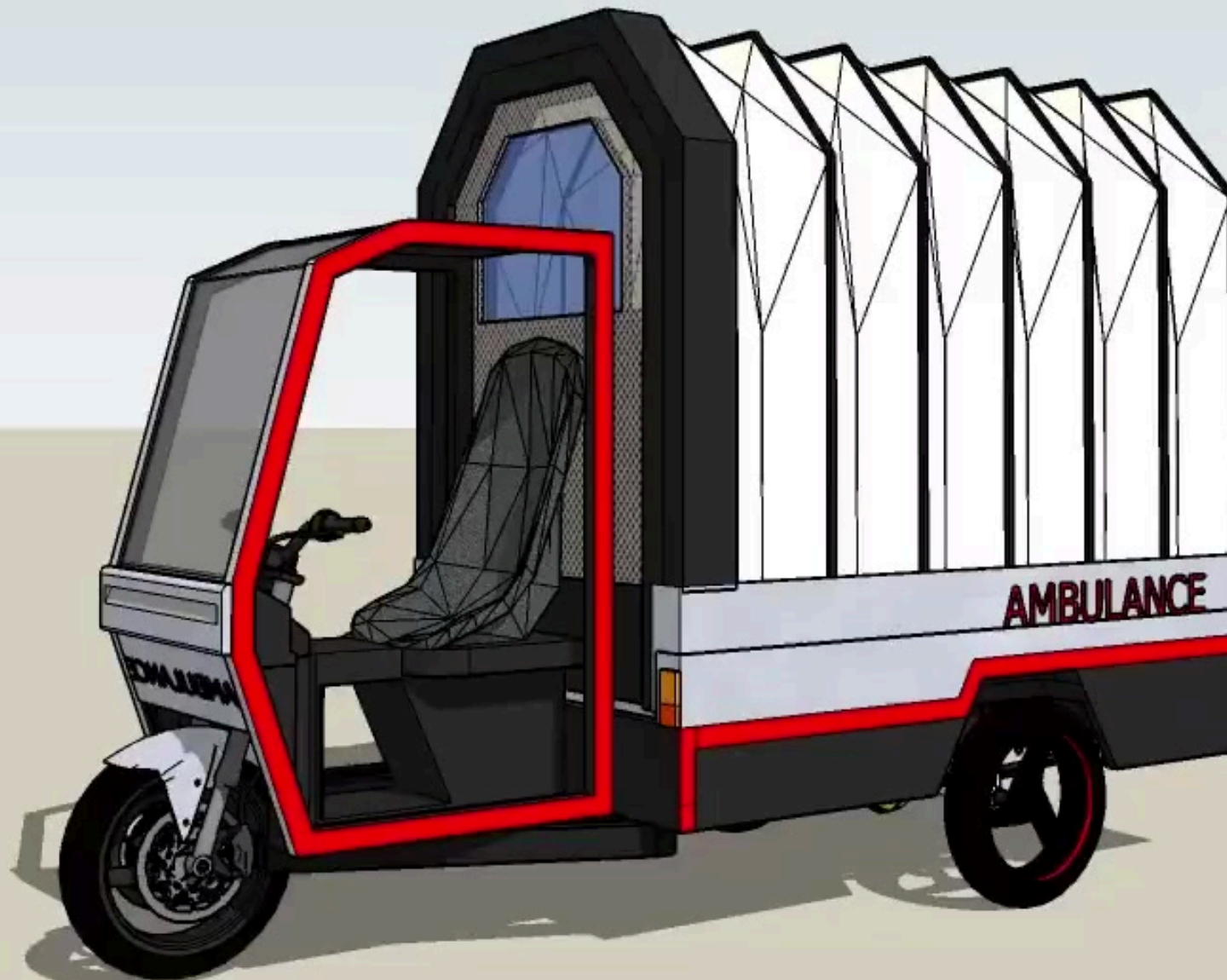
Speed

65



Turning Radius

2m



Chassis and Dimension

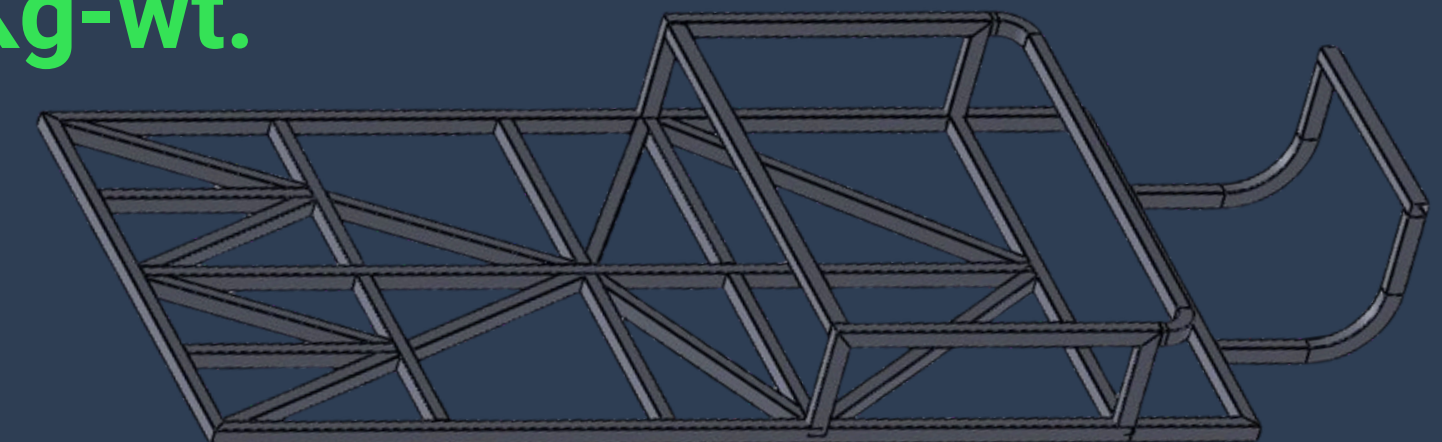
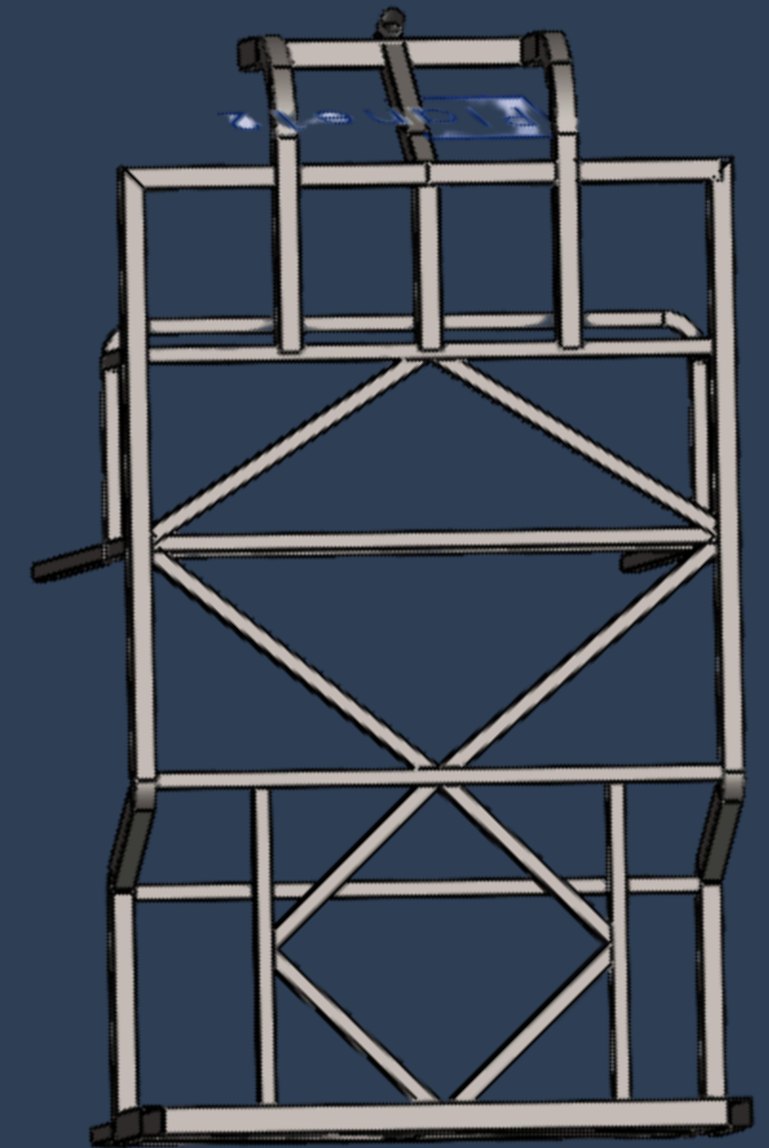
The optimized chassis features compact dimensions for improved maneuverability in narrow lanes through **SolidWorks** and **Ansys**.

Truss Chassis

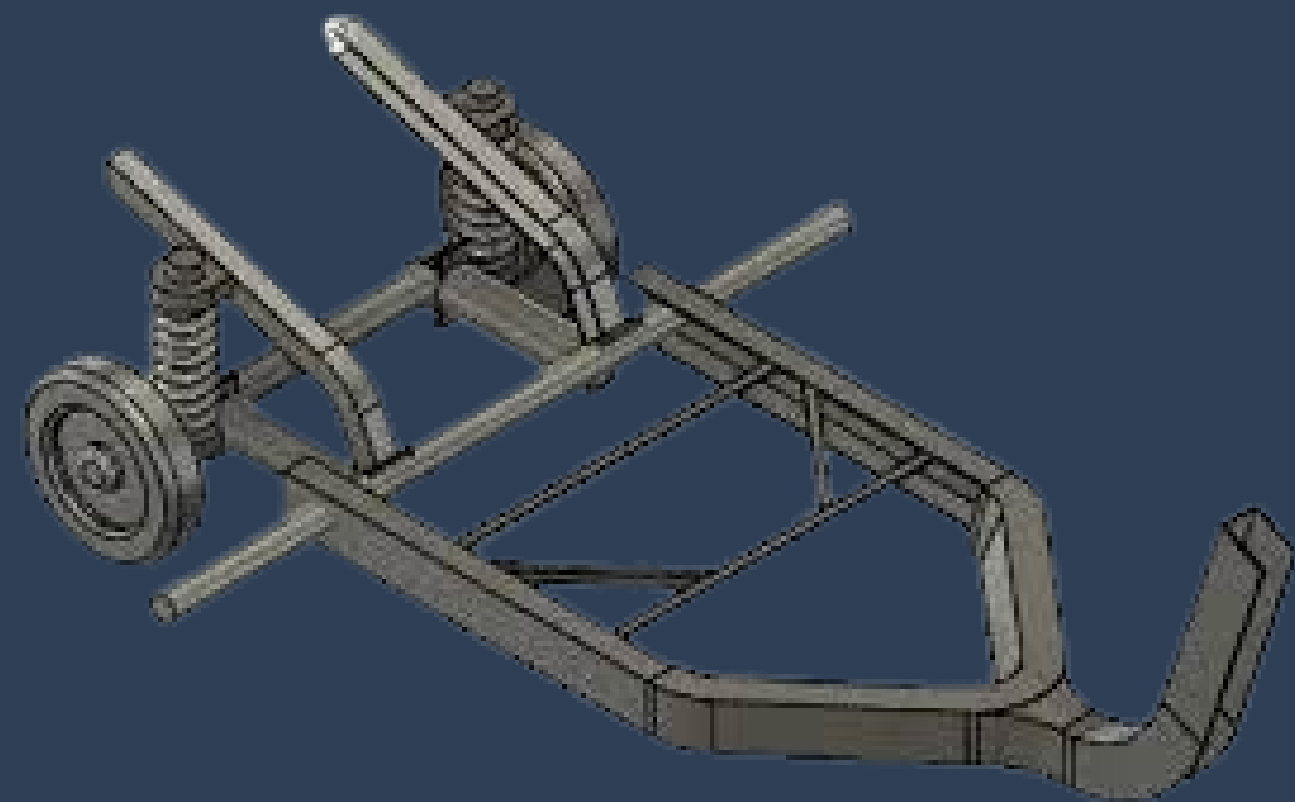
Truss structure replaces linear chassis, providing increased durability and load capacity.

35% less weight for same weight > **Less material cost**

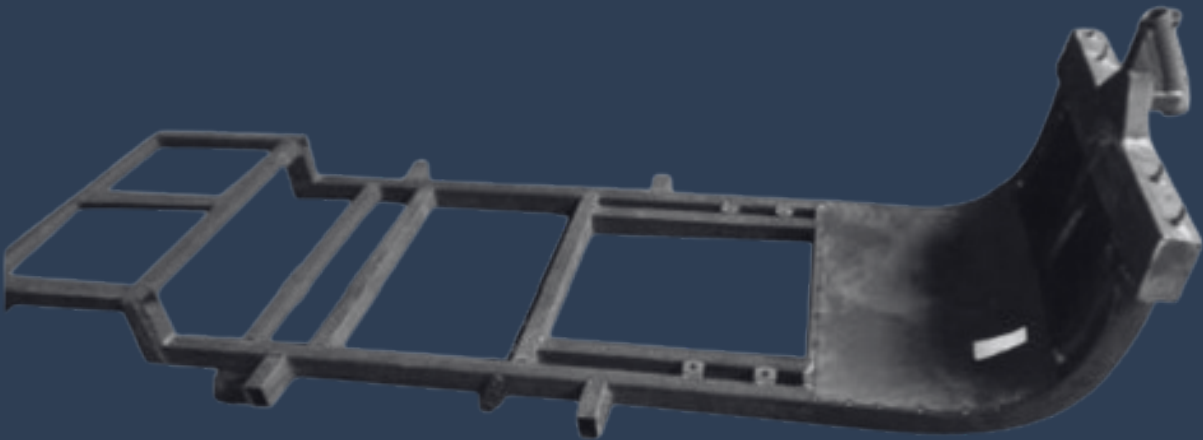
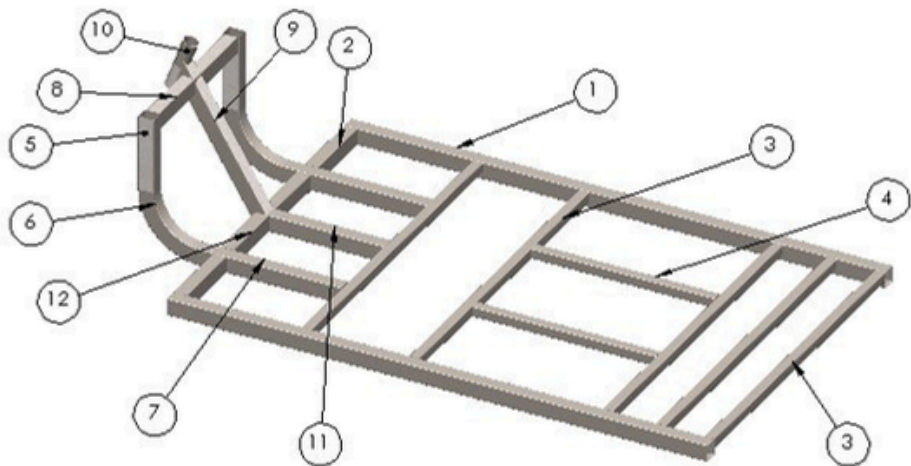
80% more load capacity per capacity up to **700 Kg-wt.**



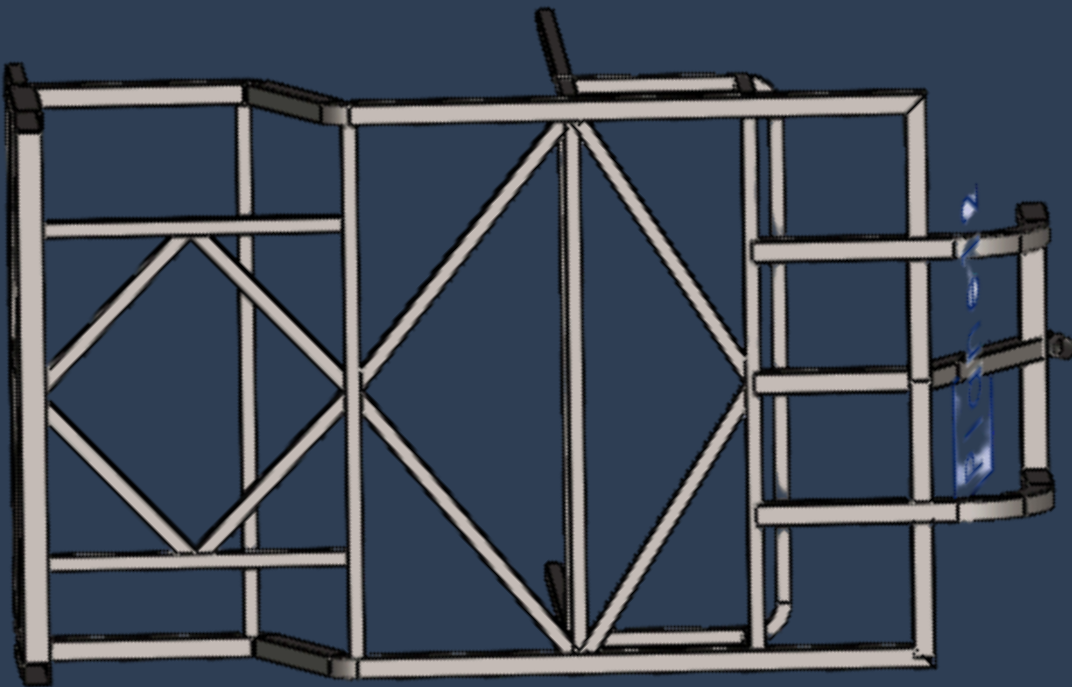
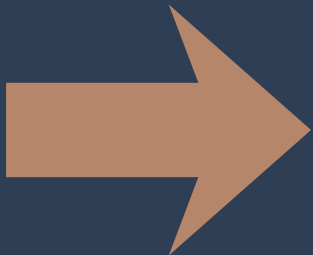
Traditional Chessis



ITEM NO.	QTY.	Description	Length (m)	Mass(kg)
1	2	2.5inch x 2inch x 1.5mm square tube	2.06	5.32
2	2	2.5inch x 2inch x 1.5mm square tube	0.28	0.74
3	5	1.5inch x 1.5inch x 1.5mm square tube	1.23	2.08
4	2	1.5inch x 1.5inch x 1.5mm square tube	0.7	1.18
5	2	2.5inch x 2inch x 1.5mm square tube	0.29	0.74
6	2	2.5inch x 2inch x 1.5mm square tube	0.32	0.83
7	2	2.5inch x 2inch x 1.5mm square tube	0.54	1.40
8	1	2.5inch x 2inch x 1.5mm square tube	0.56	1.33
9	1	2.5inch x 2inch x 1.5mm square tube	0.62	1.47
10	2	2.5inch x 2inch x 1.5mm square tube	0.1	0.34
11	1	2.5inch x 2inch x 1.5mm square tube	0.44	1.13
12	1	2.5inch x 2inch x 1.5mm square tube	0.56	1.45



Our Improved Design



Electric Power Source



We chose Lithium Iron Phosphate (LiFePO_4) batteries over Lead-Acid and Lithium-ion batteries due to cost-effectiveness, longer lifecycle, and minimal environmental impact.



Metric	Lead acid (5×140Ah)	LiFePO ₄ equivalent
Nominal energy	8.4 kWh	5.1 kWh
Usable energy	~4.2 kWh	~4.2 kWh
Efficiency (round-trip)	~50%	~80%
Weight	70 kg	35–40 kg
Lifespan (cycles)	300–500	3,000–5,000
Cost	~75,000 BDT	~130,000 BDT
Charging time	~9 h	~3–4 h

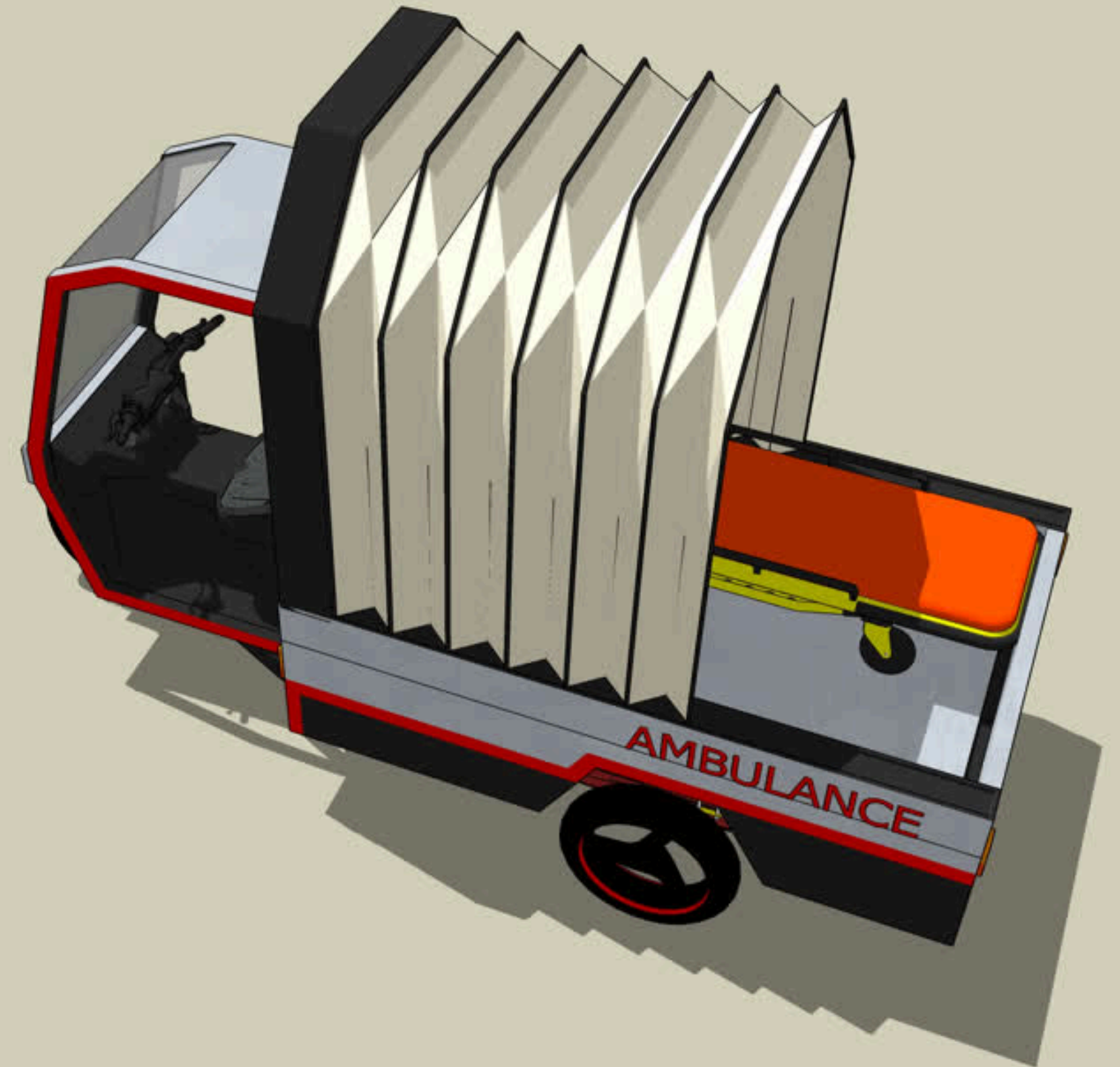
Mechanical Structure & Versatility

Origami Designed Hood

A foldable, origami-inspired hood built with **six 0.5-inch MS bars** and waterproof polyurethane tarpaulin enables conversion of the vehicle from ambulance to cargo van.

Cabin Accomodation

A 2.5×6.5 ft stretcher platform with a double-parallelogram mechanism, cabin accommodates three attendant seats, including one for a nurse and one for a paramedic caregiver.



Medical Equipments

- Oxygen Cylinder
- Emergency Medicine Box
- 3 Caregiver seating arrangements
- Convertible to Medical Cargo
- Well ventilation, Cooling fan instead of AC
- The hood reflects sunlight making the compartment cooler
- Electric Outlet for electric appliances and fridge
- Oximeter, Blood Pressure Meter



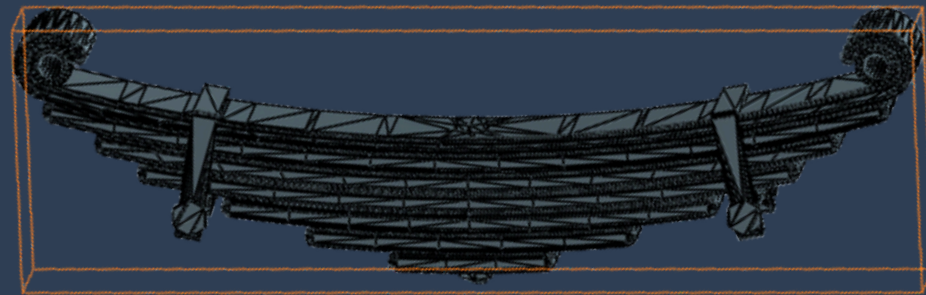
This service can also be crucial for public medical emergencies during a national crisis. For example, in **July 2024, Milestone tragedy, COVID-19 lock down.**

Suspension and Braking System

Suspension System

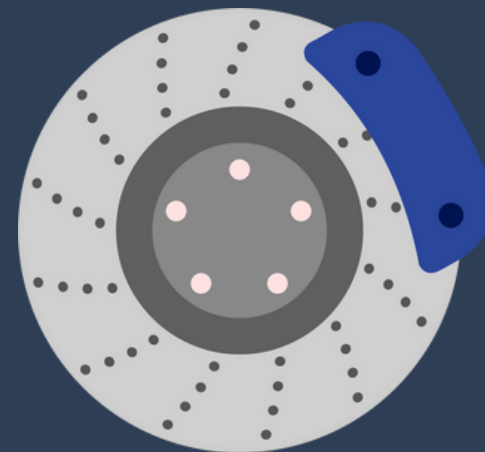
Two **MacPherson** strut on front wheel

Two **Leaf Spring** on rear wheels



Braking System

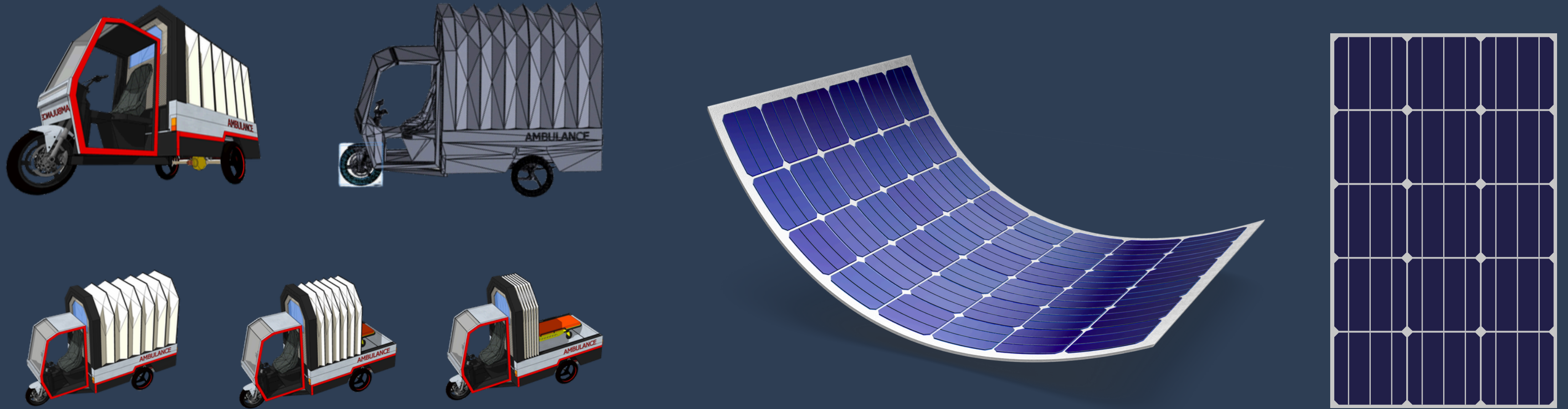
Hydraulic Disk Brake on three wheels.



Designed and visualized in
SolidWorks

Simulated and iterated in
Ansys

Solar Panel Integration



$2 \times 150\text{W}$ (12 V) solar panels $\sim 300\text{W}$ total; Costing 30,000 BDT extra

6 peak sun-hours/day $\sim 1.5\text{-}2\text{ kWh/day}$.

Generating 15% of total energy needed for Trambulance.

That will be used for emergency medical equipment power.



Limited Accessibility

33%

Deaths are
from Time
Sensitive
Emergencies

1%

Population has
Access to
formal
Ambulance
Service

10%

Roads can be
accessed by
Van
Ambulances

2.8

Per 100,000
inhabitants of
Dhaka

24%

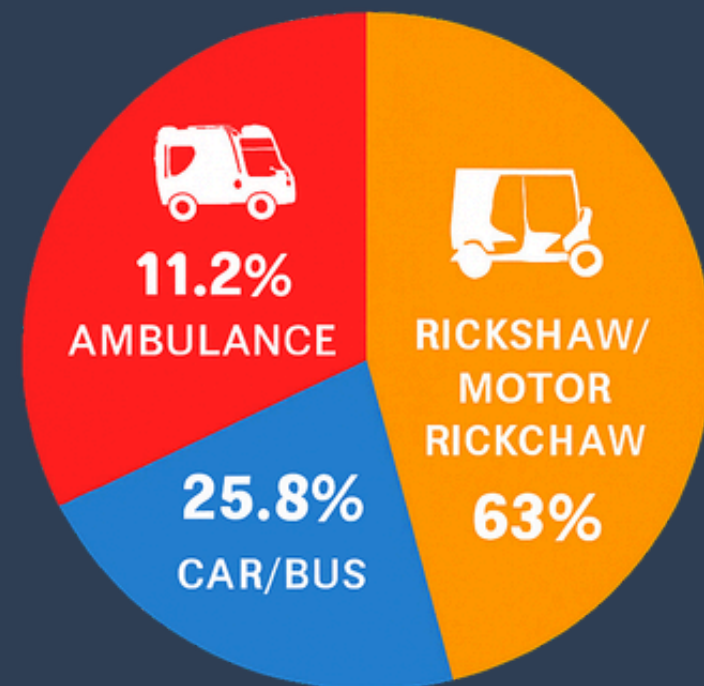
Call Requests
are fulfilled
rests were
denied

56%

Patients
reach
hospital after
2 hours

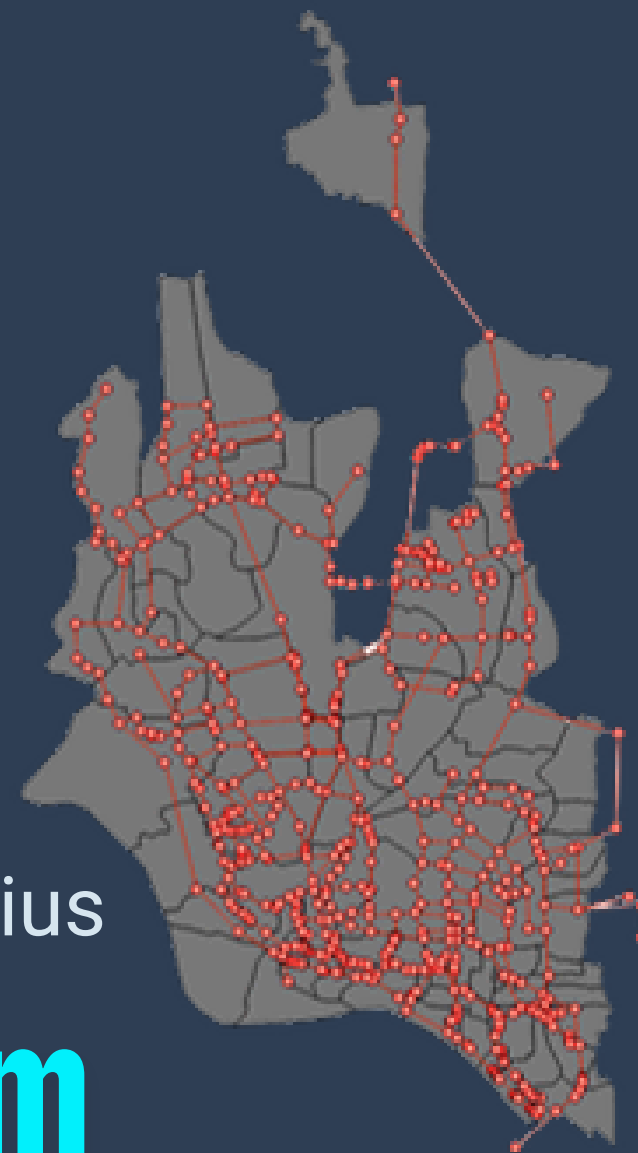
EMR (Emergency Medical Response) Access Improvement by Nimble Trambulance Fleet

TRANSPORT USED BY EMERGENCY PATIENTS (N=734)



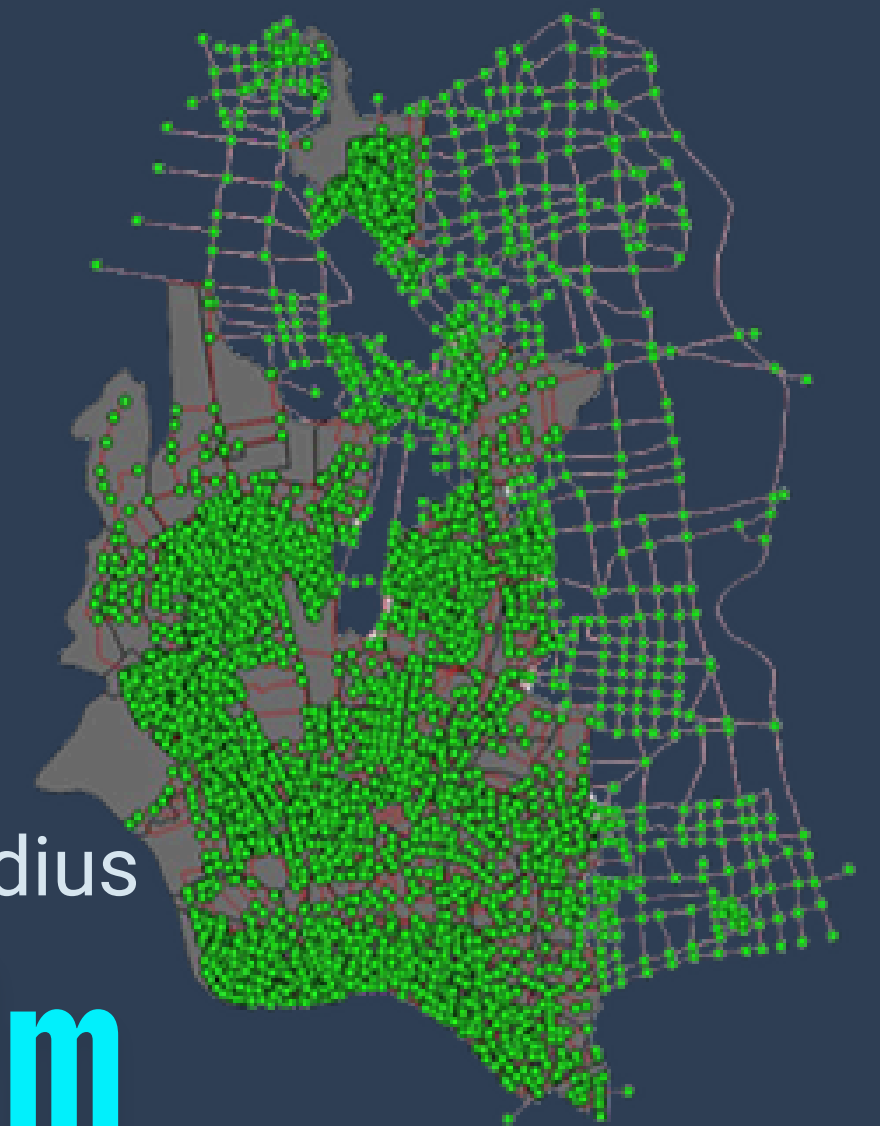
If Turning Radius

6m



If Turning Radius

2m



Lack of EMR (Emergency Medical Response) EMP (Emergency Medical Personnel)

A 2014 study shows 14 thousand deaths revealed critical deficiencies in **EMR**, with **45.9% of fatalities** attributed to road traffic incidents. To minimize response delays, researchers are emphasizing the use of nimble, small vehicle fleets instead of traditional van ambulances. ^[4]





Lack of EMP (Emergency Medical Personnel)

25% Reduction of fatal cases

Trambulance Solution

Governments and NGOs can collaborate to establish short-term paramedic training programs for CPR, bleeding control, and oxygen administration to existing drivers.



Our Vision

A Lifeline for Bangladesh and Beyond



Affordable

Breaking the financial barrier to life-saving transportation.



Accessible

Reaching patients where traditional ambulances cannot.



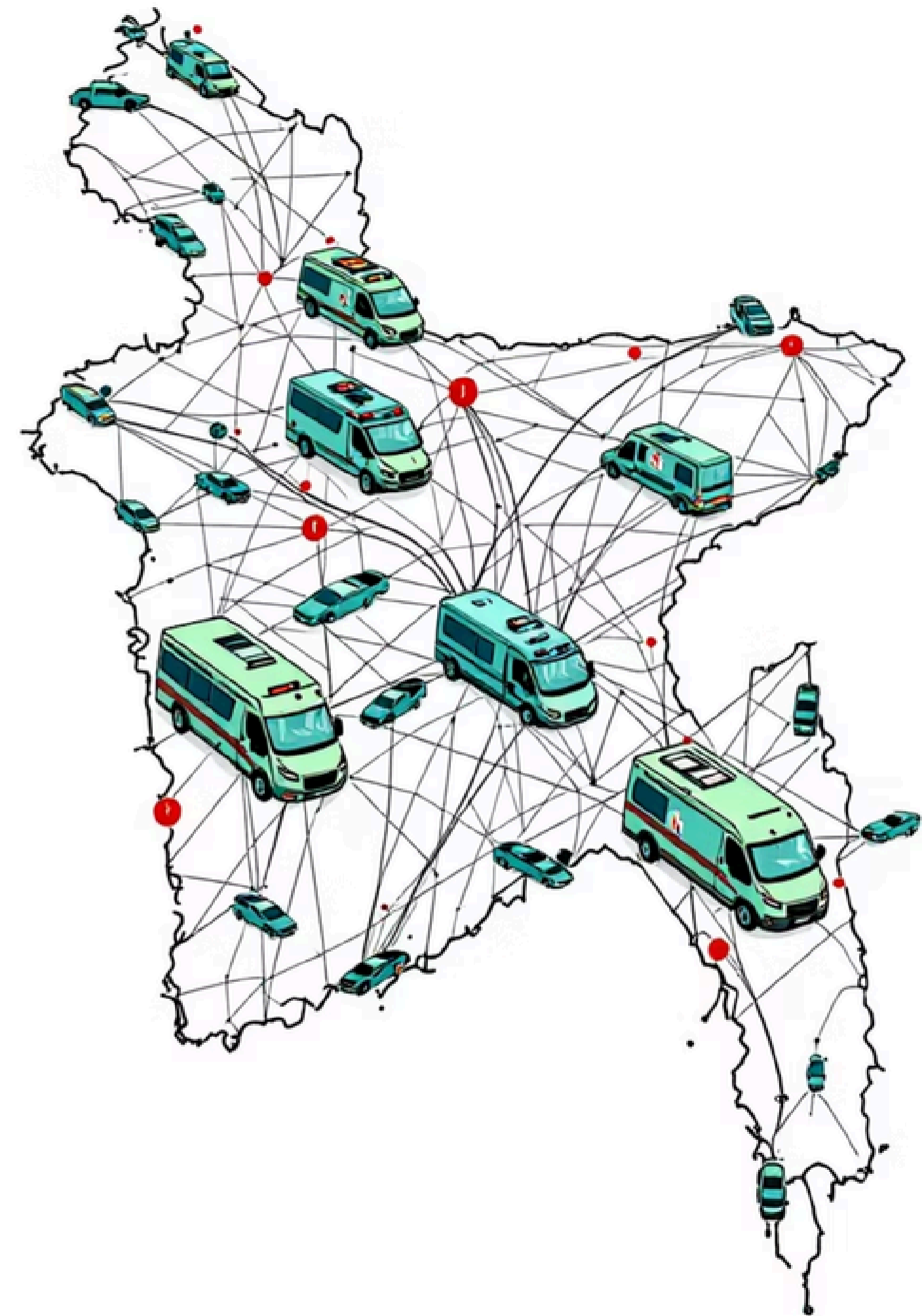
Safe & Comfortable

Providing a stable, medically-equipped environment for patients.



Widely Available

Creating a scalable, data-driven national ambulance system.



750 KG
Capacity

6
Persons

TRAMBULANCE

SAFE BRAKE

Hydraulic Disk brake and Hand Brake

2.5
Lakh BDT

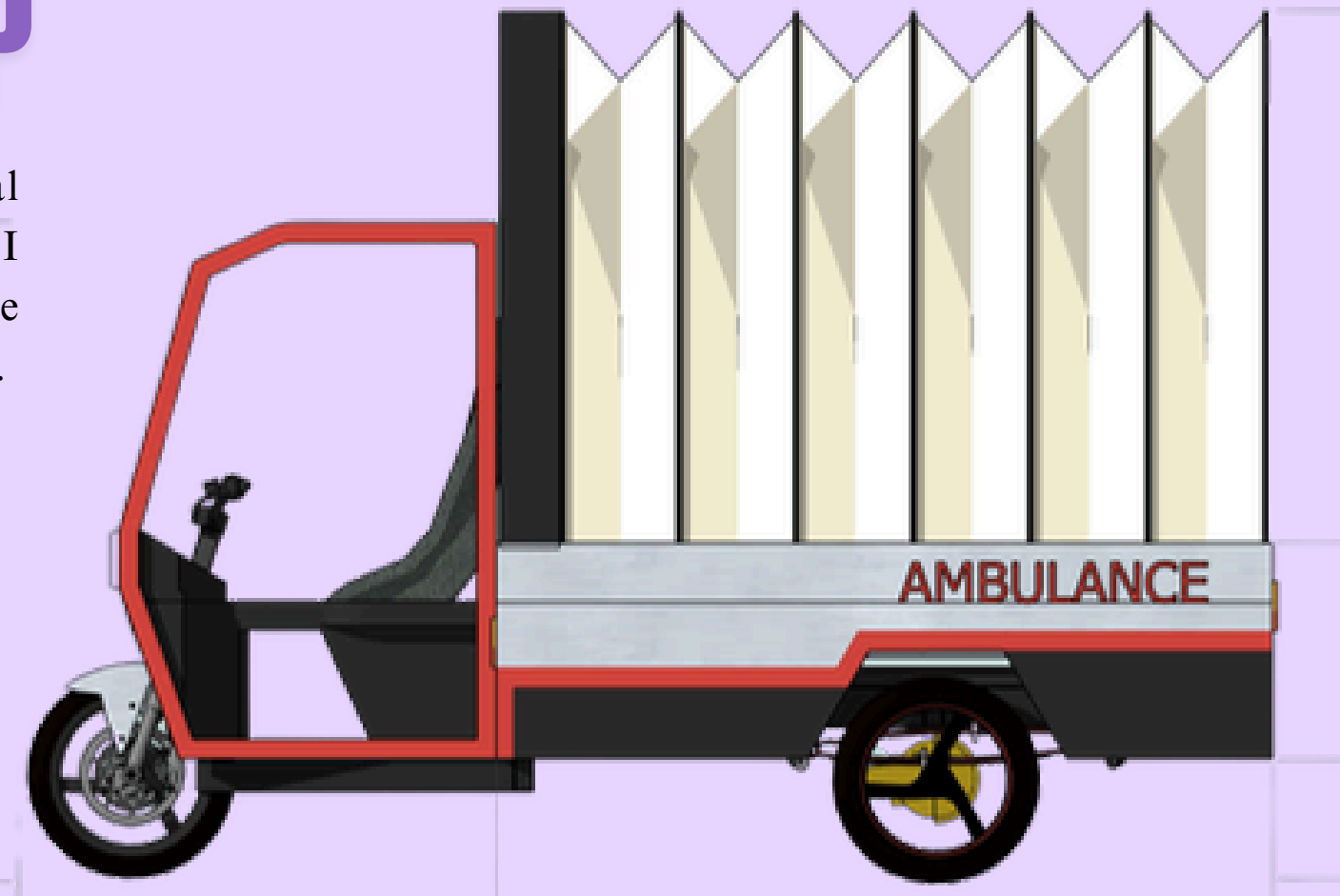
OUR OWN

APP & AI MAP

An Uber like app that will locate real time location and optimized route. AI based decentralized post where it can be found.

LOW COST

Government can make it accessible in Upazila Health Complex with just 10% money for van ambulance



STRONGER CHASSIS

Completely new and improved Truss Chassis and Origami hood
Build by SolidWorks, Sketchup
Simulated by Ansys

SUPERIOR SUSPENSION

Industry grade MacPherson and Leaf Spring

SPEED
65
Kmh

SKILEED TEAM

Dr. Ehsan with skill of BUET-BEPRC & 8 BUET alumni funded and directed

SOLID R&D

Trade licensed & Patent holder Start-up collaborated with Different companies.

RANGE
150
Km

References and Research Papers

- (1) Razzak, J. A.; Kellermann, A. L. **Emergency Medical Care in Developing Countries:** Is It Worthwhile? Policy Pract.
- (2) Meilinda F.N. Maghfiroh, Moinul Hossain & Shinya Hanaoka **Minimising Emergency Response Time of Ambulances through Pre-Positioning in Dhaka City Bangladesh.**
- (3) Shahren, A.; Islam, R.; Ahmed, R. **Challenges for Health Care Services in Bangladesh: An Overview.**
- (4) Tasnim, Z.; Tune, S. N. B. K.; Islam, B. Z.; Naher, N.; Ahmed, S. M. **Ambulance Services for Road Traffic Injury (RTI) Victims in Bangladesh: A Cross-Sectional Study on the Ground Realities and the Way Forward.** Inj. Prev. 2025, ip–2024–045302. <https://doi.org/10.1136/ip-2024-045302>.
- (5) Boutilier, J. J.; Chan, T. C. Y. **Ambulance Emergency Response Optimization in Developing Countries.** Oper. Res. 2020, 68 (5), 1315–1334.





Thank
You


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