**Prescribed Format for Submission of Expression of Interest (EOI)**

***(Same Form to be completed by each member of JV)***

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| **Package No.** | **:** | **SD-32** |
| **Title of Service** | **:** | **Selection of Consulting Firm for Third-Party Monitoring (Main Works including Plantation)** |

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| 1. **Letter of Submission [Addressing Project Director, SUFAL Project,BFD]**
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| 1. **General Experience of the Firm**

*(Year of Establishment, as per Registration Certificate)****(Necessary Attachments: Company/Firm’s Registration Certificate)*** | **:** |  |
|  |  |  |
| 1. **Experience in working location**
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| --- | --- | --- |
| 1. **Trade License No.**
 | **:** |  |
| 1. **VAT Registration No.**
 | **:** |  |
| 1. **Tax Payment Certificate**
 | **:** |  |

***(Necessary Attachments: Valid Trade License, VAT Certificate,Tax Payment Certificate)*** |
| 1. **Firm/Company Background (General Information)**

***(Necessary Attachments: Brochure etc.)*** |
| 1. **Financial Capacity of the Firm (Turnover of last 3 years)**
 |  |  |
| 1. **2019-20 (Up to Present)**
 | **:** |  |
| 1. **2018-19**
 | **:** |  |
| 1. **2017-18**
 | **:** |  |
| ***(Necessary Attachments: Audit Report)*** |
| 1. **Experience of the Firm in Similar Tasks/Assignments:**

*(Example of Past Experience of Required Nature and/or Complexity including Cost and Duration of the Assignment)* |
| **Total No. of Similar Nature Assignment done by the Firm** | **:** |  |
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| ***Project Name*** | ***Title/Description of Service*** | ***Type of Service*** | ***Name and Address of the Client*** | ***Service Duration (Start & End Dates)*** | ***Value of Service*** | ***Man-Month Input*** |
| ***Total Value*** | ***No. of Partners******(if Any)*** | ***Value of Service Provided by the Firm*** | ***Firm’s Input*** | ***Partners’ Input*** |
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***(Necessary Attachments: Details Description of Mentioned Similar Nature Assignment done by the Firm Separately)*** |
| 1. **List of Managerial Professionals of the firm:**
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| ***SN*** | ***Name of Professionals*** | ***Position held in the Firm*** | ***Educational Qualification*** | ***Total Years of Experience*** | ***No. of Years as Firm’s Employee*** |
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| 1. **Organizational Capacity and logistics of the Firm**
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| 1. **Office Space (Area, Floor No. etc.)**
 | **:** |  |
| 1. **No. of Support Staffs (Excluding Key Professionals)**
 | **:** |  |
| 1. **Description of Important Office Equipment**
 | **:** |  |
|  | 1. ::::
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