

Prescribed Format for Submission of Expression of Interest (EOI)

(In case of Joint Venture, this Form needs to be completed by each partner of the JV)

| Package No. | : | SD-63A | | | | | | | |
|---|-------------------------------------|---|--------------------------------|--------------------------------------|---------------------------|--------------------------|---------------------------------------|-----------------|-----------------|
| Title of Service | : | Selection of Consulting firm for Site-Specific Planning (SSP) and ODK Development | | | | | | | |
| 1. Letter of Submission [Addressing Project Director, SUFAL Project, BFD] | | | | | | | | | |
| 2. Firm's/Company's Background Information including Core Business history (Necessary Attachments: Organization's Brochure, Corporate Report/Publication, Annual Report etc.) | | | | | | | | | |
| 3. General Experience of the Firm (Year of Establishment/Years in Business, as per Trade License/Registration Certificate etc.) (Necessary Attachments: Company/Firm's Registration Certificate etc.) | | | | | | : | | | |
| 4. Specific Experience of the Firm in Similar Assignments successfully completed in the Last Ten Years (Please provide List and brief description of Past Experience of similar Nature and/or Complexity assignments including Cost and Duration. Note that, Assignments which were not legally contracted will only be considered) | | | | | | | | | |
| Total number of Similar Nature/Complexity Assignments completed by the Firm | | | | | | | | | |
| Title of the Assignment | Brief Description of the Assignment | Role in the Assignment (Individual or Partner in the JV (Lead or other) | 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 |
| | | | | | | | | | |
| | | | | | | | | | |
| (Necessary Attachments: Details Description of the assignments listed above by the Firm) | | | | | | | | | |
| 5. List of Professional / Managerial staff of the Firm: | | | | | | | | | |
| | SN | Name of Professionals / Managerial Staff | Position held in the Firm | Educational Qualification | Total Years of Experience | No. of Years in the Firm | | | |
| | 1 | | | | | | | | |
| | 2 | | | | | | | | |
| | 3 | | | | | | | | |
| 6. Financial Capacity of the Firm (Turnover of last 3 years) | | | | | | : | | | |
| a) 2018-19 (Up to Present) | | | | | | : | | | |
| b) 2017-18 | | | | | | : | | | |
| c) 2016-17 | | | | | | : | | | |
| (Necessary Attachments: Payment Received Certificates/Audit Report) | | | | | | | | | |
| 7. Organizational Capacity and logistics of the firm : | | | | | | | | | |
| a) Office Space (Area, Floor No. etc.): | | | | | | | | | |
| b) No. of Support Staffs : | | | | | | | | | |
| c) Description of Important Office Equipment: | | | | | | | | | |

