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|  | **Technical Criteria** | **Submissions** | **Whether Complied** |  |
| **1.** | Covering Letter | As per Annexure I | Yes |  |
| **2.** | Specific Indian experience of the Bidder (As per requirement specified in Technical evaluation) | Provide details in Annexure VI A and VI B: Relevant Experience Details  along with  Completion Certificates from the client ; OR  Work Order + Self Certificate of Completion ; OR  Work Order + Phase Completion Certificate( from ongoing projects) from the client. OR  Reference Details on the Bidder’s Letterhead with Client Contact Details for reference.  Details provided must facilitate scoring as stated in the Technical Evaluation Criteria. | Yes/ No  Citation Serial Number  1.\_\_\_\_\_  2.\_\_\_\_\_  3.\_\_\_\_\_  4.\_\_\_\_\_  5.\_\_\_\_\_  6.\_\_\_\_\_  7.\_\_\_\_\_  …\_\_\_\_\_  n.\_\_\_\_\_  Citation Serial Number  1.\_\_\_\_\_  2.\_\_\_\_\_  3.\_\_\_\_\_  4.\_\_\_\_\_  ...\_\_\_\_\_  n.\_\_\_\_\_  Citation Serial Number  1.\_\_\_\_\_  2.\_\_\_\_\_  3.\_\_\_\_\_  4.\_\_\_\_\_  …\_\_\_\_\_  n.\_\_\_\_\_ |  |
| **3** | Specific global experience of the Bidder | Provide details in Annexure VI A and VI B: Relevant Experience Details  along with  Completion Certificates from the client ; OR  Work Order + Self Certificate of Completion ; OR  Work Order + Phase Completion Certificate( from ongoing projects) from the client. OR  Reference Details on the Bidder’s Letter head with Client Contact Details for reference.  Details provided must facilitate scoring as stated in the Technical Evaluation Criteria. | Citation Serial Number  1.\_\_\_\_\_  2.\_\_\_\_\_  3.\_\_\_\_\_  n \_\_\_\_\_ |  |
| **4.** | Project Understanding | Anote(asperAnnexure VIII) | Yes/ No |  |
| **5** | Scope Suggestions (ifany) | Annexure for Scope Suggestions | Yes/ No |  |
| 6 | Team of Specialist and professionals on bidder’s payroll | Total number of professional in India - Specify Number |  |  |
| **7.** | Number of Specialised Resource on payroll in India | Specify Number ,Role ,Qualifications ,Experience |  |  |
| **8** | Year of Experience in Consultancy Services | Specify Years |  |  |
| **9** | Turn Over in each of last 3 years in providing Consultancy Services |  |  |  |
| **10** | Any other relevant submission |  |  |  |

All the Bidders are requested to mention the document reference number and Page number for each criteria**.**

Yours sincerely,

Authorized Signature (*In full and initials*):

Name and Title of Signatory:

Name of Firm:

Address:

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_