FORM - 'A'

E.O.I. Notice No: 11/2019-20/RIMS/Imphal <u>DETAILED INFORMATION OF CONSULTANT</u>

	6.1	
1	Name & Address of the consultant with	
	Telephone No./Fax No./ Email ID	
2	Address of the local office, if any.	
-	Address of the local office, if any.	
!		
3	Local status of the amplicant (attack and	
3	Legal status of the applicant (attach copies	
	of original document defining the legal	
	status)	
	a) A proprietary firm	
	a) A proprietary min	
	b) A firm in partnership	
	c) A limited company or Corporation/ Joint	
	venture / consortia	
4	Name of the owner(s)/CEO of the firm	
5	Name and designation of individual	
	authorized to act for the organization.	ļ
	T. 121 6 6 1 1 1 66 11 1	
6	Total No. of professional staff (In house):-	
	Civil Engineers:	
	Technical staff:	
	Teenmedi Stati.	
	Financial & Accounts professional:	
	Other:	
-		
7	Has the applicant or any constituent partner	
	in case of partnership firm, ever been	
	convicted by a court of law?	
	If so, give details.	
8	In which field of Consultancy the applicant	
0	1	
	has specialization.	
9	Any other information considered necessary	
,	·	
	but not included above.	

FORM - 'B'

E.O.I. Notice No: 11/2019-20/RIMS/Imphal Format of Curriculum Vitae (CV) of Key Professionals

(This form to be furnished not only by the Consultant applying for the prequalification, but also to be furnished separately by the following key professionals who would be associated with this project work)

Name of Team Leader/ Assistant Team leader/Senior Finance and Accounts Professionals
Profession:
Date of Birth:
Experience details:
Education:
[Name of the college/university and year of passing]
Employment Record:
[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, name(s) of employing organization(s), title of positions held and location of assignments. For experience in last ten years, also give type of activities performed and client references, where appropriate. Use up to three quarter of a page.]
Declaration:
I, the undersigned, certify that to the best of my knowledge and belief, these bio data correctly describe my qualifications, my experience and myself. (To be signed by the professionals)
Date:
Place:

FORM - 'C'

E.O.I. Notice No: 11/2019-20/RIMS/Imphal DETAILS OF SIMILAR NATURE OF ASSIGNMENT COMPLETED DURING THE LAST SEVEN YEARS TO BE RECKONED FROM THE EOI PUBLISHING DATE

CI		1	1	
SI.				
	Description	1	2	3
No				
1	Name of assignment / project and location			
2.	Name & Address of Employer / Organization, Telephone no. of officer to Whom reference may be made.			
3.	Cost of consultancy charges in Rs. Lakhs (Attach copy of Letter of appointment and Performance Report/Completion Certificate issued by the appointing department/authority)			
4.	Date of commencement as per contract			

5.	Stipulated date of completion	
6.	Actual date of completion	
7.	Names of Project In charge & Key staff & nos. of staff involves.	
8.	Any other information	