**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.** | **:** | **LGED/S-04** |
| **Title of Service** | **:** | **Consulting Services for Capacity Development of LGIs & LGED** |

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| 1. **Letter of Submission [Addressing Executive Engineer (Procurement), LGED]**
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| 1. **Age of the Firm**

*(Year of Establishment, as per Registration Certificate)****(Necessary Attachments: Company/Firm’s Registration Certificate)*** | **:** |  |
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| 1. **Legal Establishment of the Firm**
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| 1. **TIN No.**
 | **:** |  |
| 1. **VAT Registration No.**
 | **:** |  |
| 1. **Trade License No.**
 | **:** |  |
| ***(Necessary Attachments: TIN Certificate, VAT Certificate, Valid Trade License)*** |
| 1. **Firm/Company Background (General Information)**

***(Necessary Attachments: Brochure etc.)*** |
| 1. **Financial Capacity of the Firm (Turnover of last 5 years)**
 |  |  |
| 1. **2017-18 (Up to Present)**
 | **:** |  |
| 1. **2016-17**
 | **:** |  |
| 1. **2015-16**
 | **:** |  |
| 1. **2014-15**
 | **:** |  |
| 1. **2013-14**
 | **:** |  |
| 1. **2012-13**
 | **:** |  |
| ***(Necessary Attachments: Payment Received Certificates/Audit Report)*** |
| 1. **Experience of the Firm in Similar Tasks/Assignments in Last Five Years**

*(Example of Past Experience of Similar 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. **Experience of the Firm in Other Tasks/Assignments in Last Five Years**

*(Example of Past Experience of any Other Tasks/Assignments including Cost And Duration of the Assignment)* |
| **Total No. of Other Tasks/Assignments 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 Assignment done by the Firm Separately)*** |
| 1. **Availability of Key Professionals to Carry out the Assignment**
 |
| **Total number of Key Professionals** | **:** |  |
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| ***SN*** | ***Name of Key Professionals*** | ***Position held in the Firm*** | ***Educational Qualification*** | ***Total Years of Experience*** | ***Years of Experience in Relevant Field*** | ***No. of Years as Firm’s Employee*** |
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***(CV of the Key Professionals need not be submitted)*** |
| 1. **Organizational Capacity 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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