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

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

|  |  |  |
| --- | --- | --- |
| **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]** | | |
|  | | |
| 1. **Age of the Firm**   *(Year of Establishment, as per Registration Certificate)*  ***(Necessary Attachments: Company/Firm’s Registration Certificate)*** | **:** |  |
|  |  |  |
| 1. **Legal Establishment of the Firm** |  |  |
| 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** | **:** |  |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***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*** | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |   ***(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** | **:** |  |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***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*** | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |   ***(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** | **:** |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | ***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*** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   ***(CV of the Key Professionals need not be submitted)*** | | |
| 1. **Organizational Capacity of the Firm** |  |  |
| 1. **Office Space (Area, Floor No. etc.)** | **:** |  |
| 1. **No. of Support Staffs (Excluding Key Professionals)** | **:** |  |
| 1. **Description of Important Office Equipment** | **:** |  |
|  | 1. :::: |  |