

Information to be given with Expression of Interest

1. **Name of firm:**

2. **Specialty of Services being provided by the firm:**

Design of Master plan:
Design of Landscape:
Design of buildings:

Procurement:

Contract Management and supervision of construction:
Post construction:

3. **Address of Head office:**

4. **Telephone Numbers & Fax numbers:**

5. **Legal status :**

6. **Place of registration and year:**

7. **Brief description of Organization and administrative structure:**

8. **Name of person to whom written power of attorney of the signatory is given:**

9. **Key Professional staff of the firm:**

| | Name | Specialty | Academic and professional qualification with years | Total length of experience | Type of employment Part-time/ full time |
|--|-------------|------------------|---|-----------------------------------|--|
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10. Experience as the firm for the last five years

| Name of Project From year 2017 down wards | Name of Client | Types of Services provided (design including master plan and landscape, procurement, Contract Management and Construction Supervision) | Duration and Cost of the project | Any firm associated with for providing services | Date of start and date of completion |
|--|-----------------------|---|---|--|---|
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- Preference will be given for Consultancy Firms who have provided similar services to State Institutions following Government rules & regulations.

11. In case, the firm is selected, details of staff to be employed for design and supervision

| Name of Person | Designation & specialty | Qualifications | Relevant Experience |
|-----------------------------|------------------------------------|-----------------------|----------------------------|
| Design team | | | |
| Team leader | | | |
| Structural Civil Engineer | | | |
| Project Architect | | | |
| E&M Engineer | | | |
| Service & Drainage Engineer | | | |
| Engineer/Quantity Surveyor | | | |
| Others | | | |
| | | | |
| Supervision team | | | |
| Resident Civil Engineer | | | |

| | | | |
|----------------------------|--|--|--|
| Resident Technical Officer | | | |
| Others | | | |

Please refer ToR for expected staff

12. Financial Strength;

| | Financial Year | Fixed Assets Rs. | Current Assists Rs. | Current Liability Rs. |
|---|----------------|------------------|---------------------|-----------------------|
| 1 | 2017-2016 | | | |
| 2 | 2016-2015 | | | |
| 3 | 2015-2014 | | | |

Above information should be reflected on Audited Financial Statements. If requested, copies should be forwarded.

13. Name of Contact person and Contact number/s:

I hereby 'express our interest for providing total consultancy service for design procurement, contract management and construction & post construction supervision of a University College at Kinniya for Trnicomalee district and declare that above given information are correct and accurate to the best of my knowledge.

Signature of Authorized person of firm:

Date: