## **Expression of Interest (EoI) Information Sheet**

## THE FEASIBILITY STUDY FOR THE CONSTRUCTION OF RAILWAY TRACK FROM MAHO JUNCTION TO PUTTALAM

The following information should be provided with the EoI.

1.	Select appropriate response (please select one of the following)			
	a) EOI as single party			
	b) EOI as joint venture   (if so please list the parties)			
	Joint Venture Name Parties involved and their Responsibilities			
2.	Years in business as an Engineering Consultancy Service			
	1-3 years			
	3 - 5 years			
	More than 5 years			
3.	Number of similar projects undertaken during the last five (05) years as projects. (Similarity is based on the description provided under 'Scope of Services', nature and complexity of the project)			
	No similar projects			
	$1-3 \text{ projects} \square$			
	4-5 projects			
	More than 5 projects			
	Similarity:			
	Please specify Yes/No for the features specified below and mention the Project Name. Pr	oject		
	description and should be submitted by using the template given in the Annexure -1.	-		

Features		Yes/No	Project Name	Project Duration
	All Engineering Projects			
a.	Feasibility Study for			
	Engineering (including			
	Transport and Rail Sectors)			
	Project			
b.	Design Consultancy for			
	Engineering (including			
	Transport and Rail Sectors)			
	Project			
	<b>Transport Sector Projects</b>			
c.	Feasibility Study in Transport			
	(Including Rail Sector) Sector			
d.	Design Consultancy in			
	Transport (Including Rail			
	Sector) Sector			
	Railway Sector Projects			
e.	Feasibility Study in Railway			
	Sector			
f.	Design Consultancy in			
	Railway Sector			
Number of Transport related consultancy completed in the last 10 years? (Use the Project Information Template – Annexure 1 for submitting necessary information)  Less than 3 projects				
	3-5 projects			
	More than 5 projects			

Signature of the Authorised Officer Name:
Designation:
Date:

4.

## **Annexure – 1 (Project Information Template)**

Assignment Name:	Name of the Client and Address:				
Commencement Date:	Completion Date;				
Period of Assignment:					
No of Professional Staff months provided by associated consultants:	Name of the Associated Consultants if any:				
Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):					
Brief description of Project: (Should cover the features listed in 'Similarity' section of question no. 3)					
Technologies used:					
Signature of the Authorised Officer Name: Designation: Date:					