

**PROFORMA FOR REQUISITION OF CPWD WORKS (ABVIMS & Dr. RML HOSPITAL)**

- I. Name of Department: \_\_\_\_\_
- II. Location of Work: \_\_\_\_\_
- III. Nature of work: (*Tick the appropriate choice*): Renovation / Additional/ If additional space is required then: Site Identified /Site Not identified
- IV. Necessity / Justification of work (To be filled by requesting officer/ HOD)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Detailed Scope of Work

- a. Civil work: \_\_\_\_\_  
\_\_\_\_\_
- b. Electric work: \_\_\_\_\_  
\_\_\_\_\_
- c. Air Conditioning work: \_\_\_\_\_
- d. Other work (if any): \_\_\_\_\_

VI. Estimated duration of work (*to be filled by C.P.W.D. engineer*)

\_\_\_\_\_

VII. **Undertaking by CPWD CIVIL and/or ELECTRIC (as applicable)**

I/We \_\_\_\_\_, EE/AE/JECivil/Electric/ Both have fully evaluated the aforementioned project and undertake the following:

- a. I/we are sure that the work is feasible by our professional standards
- b. I/We have fully discussed the site availability /noise generated during work/ other anticipated disturbances during the execution of the expected work with the HOD of user department and have been assured of his/her cooperation in the matter
- c. We both (civil and electrical) have reached a consensus on how to go about the work
- d. I (*for civil engineer only*) hereby undertake to submit the ICRA form to the quality cell of RML Hospital.

VIII. **UNDERTAKING BY HOD of User Department**

I, Dr. \_\_\_\_\_, head of department hereby undertake that I have been made fully aware by the CPWD engineers about the full nature of the work and various anticipated hinderances/challenges thereof and assure them of my full cooperation in the matter. **WE WOULD BE IN A POSITION TO HANDOVER THE SITE IMMEDIATELY FOR WORK BY C.P.W.D. WHENEVER ASKED.**

- IX. **Penalty Clause** : CPWD will have a standard agreement to include penalty clause with their appointed vendor, on any delays to be calculated on a monthly basis at a rate at least 1 percent per month of delay.

Date:

Sign/Stamp/Name

Sign/Stamp/Name

Sign/Stamp/Name

CPWD Electric

CPWD Civil

HOD of the requisitioning dept.