FORM FIN-1 01JSCL

FINANCIAL PROPOSAL SUBMISSION FORM To be Downloaded ,Filled ,Scanned and uploaded again

To:
Dear Sirs:
We, the undersigned, offer to provide the consulting Assignment/job for
in accordance with your Request for Proposal date and our Technical Proposal. Our attached Financial Proposal is for the sum of INR
This amount is inclusive of the Domestic taxes, but excludin Goods and Service Tax (GST). We hereby confirm that the financial proposal is unconditional and w acknowledge that any condition attached to financial proposal shall result in reject of our financial proposal. Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of the Proposal, i.e. before the dat indicated in Paragraph 4 of the Part II Data Sheet.
We understand you are not bound to accept any Proposal you receive.
Yours sincerely,
Authorized Signature Name and Title of Signatory: Name of Firm: Address:
¹ Sub Total (A) as per Form FIN 2

FORM FIN-2 01JSCL

SUMMARY OF COSTS

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Particulars		Amount in Rupees
A. Competitive Components		
'Time Based (Task 1&3)'		
(A .1) Remuneration (Please note that amount shall be the same as in Form FIN-3A)	X 1	
(A. 2) Reimbursable (Please note that amount shall be the same as in Form FIN-4A)	X 2	
Total Cost of 'Time Based' [I]	$\mathbf{X} = \mathbf{X}1 + \mathbf{X}2$	
'Lump Sum (Task 2)'		
(B.1) Remuneration (Please note that amount shall be the same as in Form FIN-3B)	Y 1	
(B.2) Reimbursable (Please note that amount shall be the same as in Form FIN-4B)	Y 2	
Total Cost of 'Lump Sum' [II]	$\mathbf{Y} = \mathbf{Y}1 + \mathbf{Y}2$	
Sub Total (A) ² = [I +II]	X + Y	
B. Non-Competitive Components		
Provisional Sum (Please note that amount shall be the same as in Form FIN-5)		
Contingency (Please note that amount shall be the same as in Form FIN- 5)		
Sub Total (B)		
Total Cost of Financial Proposal (A+B)		
GRANDTOTAL (in words)		

Authorized Signature
Name:
Designation
Name of firm:
Address:

²The Evaluation of Proposal shall be done on Competitive Components only

FORM FIN-3A (TIME BASED – TASK 1 & 3) BREAKDOWN OF REMUNERATION (PROFESSIONAL STAFF AND SUPPORT STAFF)

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(For details please refer to Note below)

	-					
S.No.	Name of Staff	Position	Man	Month	Proposed	Total Amount
			Rates	(A) in		
			Rupees		Man Months	in Rupees.*
					(B)	(A)*(B)
	Key professionals *1					
1						
2						
3						
4						
	Support Staff *2					
	Total					
*- Price	es are to be quoted in In	dian Rupees only.				

Total Remuneration =	Amount in Rupees
(Amount in Words):	

Note:

- 1 Professional Staff should be indicated individually; Support Staff should be indicated per category (e.g.: draftsmen, Assistants etc.). Cost of Secretarial services, if any, will be indicated in form Fin-5.
- 2 Positions of Professional Staff shall coincide with the ones indicated in Form TECH-5 & 7.
- 3 Indicate separately staff-month rate for each activity separately.

Authorized Signature
Name:
Designation
Name of firm:
Address:

^{*1} Key Professionals are to be indicated by name

^{*2} Support Staff is to be indicated per category (e.g. Draftsman, Assistant etc.)

FORM FIN-3B (LUMP SUM –TASK 2) BREAKDOWN OF REMUNERATION

(PROFESSIONAL STAFF AND SUPPORT STAFF)

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When used for 'Lump-Sum' contract assignment, information to be provided in this Form shall only be used to demonstrate the basis for the calculation of the Contract's ceiling amount; to calculate applicable taxes at contract negotiations; and, if needed, to establish payments to the Consultant for possible additional services requested by the Client. This Form shall not be used as a basis for payments under 'Lump-Sum'.

S.No.	Name of Staff	Position	Man Month	Proposed	Total
			Rates (A) in		Amount
			Rupees	Man Months	
				(B)	in Rupees.
					* (A)*(B)
	Key professionals *1				
1					
2					
3					
4					
	Support Staff *2				
	Total				

Tota	l Remuneration =	Amount in Rupees
(Amo	ount in Words):	
Note	<u></u>	
1		vidually; Support Staff should be indicated per category al services, if any, will be indicated in form Fin-5.
2	Positions of Professional Staff shall coincide	with the ones indicated in Form TECH-5 & 7.
3	Indicate separately staff-month rate for each a	activity separately.
		Authorized Signature
		Name:
		Designation
		Name of firm:
		Address

(e.g.:

^{*-} Prices are to be quoted in Indian Rupees only.

^{*1} Key Professionals are to be indicated by name

^{*2} Support Staff is to be indicated per category (e.g. Draftsman, Assistant etc.)

$FORM\ FIN\text{-}4A\ (Time\ Based\text{-}Task\ 1\&3)$

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No	Description	Unit	Quantity	Unit Price in Rupees	Total Amount in Rupees
	Per diem allowance, including hotel allowance, for				
1.	experts for every day of absence from the home	Per day			
	office for the purposes of the Services				
2.	Cost of office operation, including overheads and	Per			
۷.	back-stop support	Month			
6	Local Transportation	Vehicle			
	Local Transportation				
7	Communication Costs to all personnel and Office	Per			
'		Month			
	Cost of Reports Production (including printing) and	Per			
9.	delivering to the Client at project Cities and Central	Month			
	office	wionui			
10	Other Allowances where applicable				
Sub Total: Reimbursable Expenses carried to FIN 2					

Amount in words:	
	Authorized Signature
	Name:
	Designation
	Name of firm:
	Address.

*Total Reimbursable: =______Total amount in Rupees.

FORM FIN-4B (LUMP SUM-TASK 2)

01JSCL

To be Downloaded ,Filled ,Scanned and uploaded again BREAKDOWN OF REIMBURSABLE EXPENSES

When used for 'Lump Sum' contract assignment, information to be provided in this Form shall only be used to demonstrate the basis for calculation of the Contract ceiling amount, to calculate applicable taxes at contract negotiations and, if needed, to establish payments to the Consultant for possible additional services requested by the Client. This form shall not be used as a basis for payments under 'Lump Sum'

No	Description	Unit	Quantity	Unit Price in Rupees	Total Amount in Rupees
	Per diem allowance, including hotel allowance, for				
1.	experts for every day of absence from the home	Per day			
	office for the purposes of the Services				
2.	Cost of office operation, including overheads and	Per			
۷.	back-stop support	Month			
6	Local Transportation	Vehicle			
	Local Transportation				
7	Communication Costs to all personnel and Office	Per			
/		Month			
	Cost of Reports Production (including printing) and	Per			
9.	delivering to the Client at project Cities and Central				
	office	Month			
10	Other Allowances where applicable				
Sub	Total: Reimbursable Expenses carried to FIN 2	'			

*Total Reimbursable: =	Total amount in Rupees.
Amount in words:	
	Authorized Signature
	Name:
	Designation
	Name of firm:
	Address:

FORM FIN-5 **01JSCL**

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PRO	OVISIONAL SUMS		
i	Office Equipment	LS	
ii	Survey, Tests, Investigation and Reports etc		
iii	Workshops and Seminar	LS	
	Intercity Travels	LS	
Sub	Total: Provisional Sums		
Con	tingency		
Tota	al of provisional sum + contingency		
	Amount in words:		
		Authorized Signature Name:	
		Designation	
		Name of firm:	
		Address:	

Note_

These documents are not be sent along with Hard copies of RFP.