

**EXPRESSION OF INTEREST FOR EMPANELMENT OF CONSULTANTS  
(Firms and Individuals)  
(National Consultants are invited)**

**THOOTHUKUDI CORPORATION**

**Roc.No.15104 / 21011 / E1**

**DATE : 20.01.2012**

1. The Commissioner , Thoothukudi City Municipal Corporation , Thoothukudi invites Expression of Interest (EOI) for empanelment of consultants (Firms & Individuals) (National consultancy firms) for providing Technical Assistance Services like conducting studies, preparing various reports, designs, urban planning and supervision in Busstand
2. The assignment is open to all eligible consulting firms / individuals. EOI forms may be downloaded form the websites viz.[www.tenders.gov.in](http://www.tenders.gov.in) , [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in) and [http://thoothukudi corp.tn.gov.in](http://thoothukudi.corp.tn.gov.in)
3. EOI must be delivered in the office of Commissioner, Thoothukudi Municipal City Corporation, Thoothukudi on or before on 15.02.2012 by 3.00 pm. If the office happens to be closed on the date of receipt of the proposals as specified, the proposals will be received and opened on the next working day at the same time and venue.
4. Other details can be seen in the EOI documents.

Visit us at : [http://thoothukudi corp.tn.gov.in](http://thoothukudi.corp.tn.gov.in)

  
**Commissioner  
Thoothukudi Corporation**

**EXPRESSION OF INTEREST FOR EMPANELMENT OF CONSULTANTS  
(FIRMS)  
(National Consultants are invited)**

**Thoothukudi City Municipal Corporation**

Thoothukudi City Municipal Corporation requires services of National consultancy firms for providing Technical Assistance Services like Studies including feasibility studies, Designs, & Supervision for construction of Bus Stand under Public Private Partnership in the Urban Local Bodies :

<b>S.No</b>	<b>Sector</b>	<b>Sub projects</b>
1.	Traffic & Transportation	Integrated Bus Stand terminal development Project under Public Private Partnership Improvement in existing infrastructure

Invites eligible consultants to indicate their interest to carry out assignment indicated above, interested consultancy firms must provide information as per the prescribed format which can be downloaded from the websites [www.tenders.gov.in](http://www.tenders.gov.in), [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in) and [http://thoothukudi corp.tn.gov.in](http://thoothukudi.corp.tn.gov.in) .

The interested firms may obtain further information at the address below from 10.00 AM to 5.00 PM on all working days. Pre Bid meeting will be conducted at Corporation Office on 03.02.2012 at 3.00 pm

The information received will be evaluated and qualified consultancy firms will be empanelled sector-wise by TCMC for future short listing as and when need arises for any projects

Expression of interest must be delivered (Hard & soft copy) along with ***soft copy of the EOI in CD*** to the address below by not later than 15.02.2011 For further information please contact:-

**Please send the EOI in the following order:**

Firm's Name, Contact person, address of the consultancy firm, phone no., fax no., email ids and web address

1. Past three years audited Financial reports
2. List of sectors for which expression of interest submitted
3. Summary of sector wise relevant experience
4. Sector wise relevant experience along with client certificate
5. Summary of key professionals available with firm
6. Resume of key professionals in the prescribed format
7. Any other relevant information

**Form No. 1**

**Details of consultancy firm**

S.No.	Description	
1.	Name of the firm	
2.	Address with Pin code	
3.	Contact number	
4.	Fax no.	
5.	Mobile no	
6.	Email id	
7.	Web address	
8.	Contact person	
8.1	Contact number	
8.2	Email id	

**Form No. 2**

**Past three years audited financial reports to be attached duly certified by the authorised person**

*Please provide the details as annexure to Form No: 2*

<b>Year</b>	<b>Turnover</b>	<b>Net worth</b>
	<b>Amount in Rupees in Lakhs</b>	
2008-09		
2009-10		
2010-11		

**Form No. 3**

**List of Sector for which expression of interest for empanelment**

**Form No. 4**  
**Summary of relevant experience**

**Sector 1**

S.No.	Name of the Project	Location	Period	Brief description of project

**Form No. 5**

**Format for relevant experience:**

Project Name	Country
Project location with in the country	Professional staff provided by your firm
Name of the client	Professional staff months provided by your firm
Address and contact person (Client) ..... Phone No: Fax No. Email id:	Value of consultancy assignment  Approx value of services by your firm
Start Date:	End date:
Name of the associated firms if any	No. of person-months professional staff provided by associated firm
Name of the Key professional of your firm involved in the assignment	
Detailed narrative description of project:	
Description of actual services provided	

**Copy of client certificate:** *(Assignment along with client certificate only considered for evaluation)*

**Form No. 6**

**Summary of key professionals available with firm**

S.No	Key professional name	Years with the firm
1		
2		
3		
4		
5		

**Form No. 7**

**Resume of key professionals**

**2. NAME OF STAFF :**

**3. DATE OF BIRTH :**

**4. NATIONALITY :**

**5. PERSONAL ADDRESS  
TELEPHONE / FAX NO.  
EMAIL ADDRESS**

**:**

**6. EDUCATION :**

**:**

**7. OTHER TRAINING :**

**8. LANGUAGES**

**9. MEMBERSHIP IN :  
PROFESSIONAL  
SOCIETIES**

**10. COUNTRIES OF WORK :  
EXPERIENCE**

**11. EMPLOYMENT RECORD**

**FROM: TO:  
EMPLOYER:  
POSITION  
HELD AND AND  
DESCRIPTION  
OF DUTIES**



**FROM: TO:  
EMPLOYER:  
POSITION  
HELD AND AND  
DESCRIPTION  
OF DUTIES**

**FROM:  
EMPLOYER:  
POSITION  
HELD AND  
DESCRIPTION  
OF DUTIES**

**TO:**

**12**

**WORK UNDERTAKEN WHICH BEST ILLUSTRATES CAPABILITIES  
FOR SIMILAR PROJECTS**

**i)**

**ii)**

**iii)**

### **Certification**

I ..... undersigned, certify that to the best of my knowledge and belief this resume correctly describes myself, my qualification and my experience. I understand that any willful misstatement described herein may lead to disqualification or dismissal, if employed.

Signature of the staff member

Date:

Signature of the authorized representative:

Full name of the authorized representative:

Date:

*Unsigned resume shall not be considered for evaluation*

**Form No. 8**

**Any other relevant information**

Brochures, etc