Sub : Sub-Qualifying Requirements for the Air Conditioning System

(A) In line with the Sub-Qualifying Requirements stipulated in Clause No. 4.6 of Chapter 04, "Provenness" , Volume II, we hereby confirm that have designed, supplied, erected and commissioned atleast two (2) numbers of Air Conditioning systems each having a total installed capacity of 300TR or more, which should have included atleast one chilling unit with a minimum capacity of 60 TR at each reference system in industrial/Commercial installations. The system should be in operation for atleast two (2) years as on the date of Techno-commercial bid openig. The details are give below :

Sl.No.	Item Description	Plant No. 1	Plant No. 2
1.	Name of the Client with full address, contact person(s), fax and tele no.		
2.	Name and address of the Plant		
3.	Purchase Order no. and date		
4.	Copy of purchase order enclosed	Yes/No	Yes/No
5.	Date of Commissioning		
6.	No. of years of successful operation prior to date of techno-commercial bid opening		
7.	Whether clients certificate is enclosed to prove that "the Air Conditioning system is in successful operation for atleast two (2) years prior to the date of techno-commercial bid opening"	Yes/No	Yes/No
8.	Total installed capacity of air conditioning system	..... TR	..... TR
9.	Capacity of largest chilling unit in above air conditioning system	..... TR	..... TR

Signature of authorized signatory.....

Sl.No.	Item Description	Plant No.1	Plant No. 2
10.	Type of installation	Industrial/ Commercial Installation	Industrial/ Commercial Installation
11.	The scope of Contract included		
	(a) Design	Yes/No	Yes/No
	(b) Supply	Yes/No	Yes/No
	(c) Erection	Yes/No	Yes/No
	(d) Commissioning	Yes/No	Yes/No
12.	Documentary evidence in support of Sl.No. 8 to 11 enclosed	Yes/No	Yes/No

Signature of authorized signatory.....

(B) Chillers proposed to be supplied under this package would be sourced from following manufacturers. Experience details of the manufacturers are given below :

(a) Type of vapour compression type chilling unit offered — Centrifugal / Screw compressor

(b) Name and Address of Manufacturer from whom the above equipment is sourced

(c) For the above type of chiller Experience details of the Manufacturer is as follows :

Sl.No.	Item Description	Plant No.1	Plant No. 2
1.	Name of the Client with address, name of contact person(s), tel. no. & fax no.		
2.	Purchase Order no. and date		
3.	Date of Commissioning		
4.	No. of years of successful operation priro to the on date of techno-commercial bid opening		
5.	Capacity of chiller unit	..... TR	..... TR
6.	Clients certificate to demonstrate successful operation of machine for atleast two (2) years prior to the date of techno-commercial bid opening enclosed	Yes/No	Yes/No
7.	Documentary evidence in support of Sl.No. 2 to 7 above enclosed	Yes/No	Yes/No

Date :
Place :

(Signature).....
(Printed Name).....
(Designation).....
(Common seal).....

Signature of authorized signatory.....