Sub : Sub-Qualifying Requirements for the Air Conditioning System

(A) In line with the Sub-Qualifying Requirements stipulated in Clause No. 4.6 of Sub-Section-IA, Part-A of Section-VI, we/our sub-vendor hereby confirm that we/our sub-vendor have designed, supplied, erected and commissioned atleast One (1) number of Air Conditioning systems having a total installed capacity of 300TR or more, which included atleast one chilling unit with a minimum capacity of 60 TR. The system have been in successful operation for atleast One (1) year. The details are given below:

Sl.No.	Item Description	Plant No. 1
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
5.	Date of Commissioning	
6.	No. of years of successful operation	
7.	Whether clients certificate is enclosed to prove that "the Air Conditioning system is in successful operation for atleast one (01) year.	Yes/No
8.	Total installed capacity of air conditioning system (should be atleast 300 TR)	... TR
9.	Capacity of largest chilling unit in above air conditioning system (should be atleast 60 TR)	.. TR
10.	Type of installation	Industrial/ Commercial Installation
11.	The scope of Contract included	
	(a) Design	Yes/No
	(b) Supply	Yes/No

Signature of authorized signatory...

Sl.No.	Item Description		Plant No.1
	(c)	Erection	Yes/No
	(d)	Commissioning	Yes/No
12.	Documentary evidence in support of Sl.No. 8 to 11 enclosed		Yes/No

(B) We further declare that the chillers to be suppplied under the package shall be sourced from manufacturer M/s..... who has manufactured and supplied atleast One (1) no. of similar type of chiller unit having a capacity of not less than 150 TR and have been in successful operation for atleast One (1) year.

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 Manu-facturer 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
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	
5.	Capacity of chiller unit	.. TR

Signature of authorized signatory...

Sl.No.	Item Description	Plant No.1
6.	Clients certificate to demonstrate successful operation of machine for atleastone(01) year.	Yes/No
7.	Documentary evidence in support of Sl.No. 2 to 6 above enclosed	Yes/No

Date :

Place :

(Signature)...

(Printed Name)...

(Designation)...

(Common Seal)...

Signature of authorized signatory...