**Annex E**

**KEY SUPERVISORY STAFF SCHEDULE**

*(to be assigned for the proposed project)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Designation** | **Years w/ the Company** | **Qualification** | **Largest Cost****of Project Handled** | **Years of Experience****in said Designation** | **Contact number** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

We hereby certify that the above key supervisory staff is available for use in the execution of the contract.

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

Contractors authorized signature over printed name

 **Annex F**

**EQUIPMENT SCHEDULE**

 *(to be used for the proposed project)*

|  |  |  |  |
| --- | --- | --- | --- |
|  **Type/description** | **Owned / Leased** | **Age** | **Condition/Location** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
|  |  |  |  |

**Indicate if it is owned or to be leased.**

Note:

*Contractor should provide supporting document:*

*Owned - proof of ownership like equipment registration certificate / ID*

*Rented/leased – copy of lease agreement and copy of registration of equipment named to the owner of the equipment.*

We hereby certify that the above plant and equipment are available for use in the execution of the contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contractors authorized signature over printed name