



Democratic Socialist Republic of Sri Lanka

**Ministry of City Planning, Water Supply & Higher Education**

University of Jaffna

**Document for the submission  
of  
Expression of Interest (EOI)  
for  
Selection of Consultancy Firm for the Consortium  
Consultancy Services  
for the Construction of building, Services and Related  
Structures for Engineering Technology and Bio systems  
Technology,  
University of Jaffna at Ariviyal Nagar, Kilinochchi- Phase II.**

# **Expression of Interest (EOI)**

## **Data Sheets**

**for**

**Selection of Consultancy Firm for the Consortium  
Consultancy Services  
for the Construction of building, Services and Related  
Structures for Engineering Technology and Bio systems  
Technology,  
University of Jaffna at Ariviyal Nagar, Kilinochchi- Phase II.**

**Preliminary Information**

Name of the Organization			
Postal Address			
E-mail Address			
Telephone (land)	Fax	Web (if any)	Telephone (mobile) - (with name & the designation)
			<p>Attach certified copies of the relevant documents</p> <p>Note – if Joint Venture attach all details of all the partners</p>
Status of the company (Sole proprietor / partnership / Joint venture)			
VAT Registration No			
Company Registration			
Registration with Sri Lanka Institute of Architects			
Details of Black Listing and/or Disciplinary Inquiries with Sri Lanka Institute of Architects			

**A. Technical & Managerial Capabilities**

**B.1 Professional & Technical Staff**

Fulltime permanent staff of the organization (Use separate sheets if required)

<b>Designation</b>	<b>Name</b>	<b>Educational Qualifications</b>	<b>Professional / Technical Qualifications</b>	<b>Experience</b>	<b>EPF No</b>

**B.2. Past Experience Competence**

Provide details of past experience in Consultancy works in last 5 years (Use separate sheets if required)

**\*Nature of the Consultancy Service**

AC- Architects Consultancy,  
QS- Quantity Surveying,  
CC- Consortium Consultancy

EC- Engineering Consultancy,  
SE- Structural Engineering,

PM –Project Management,  
TP- Town Planning,

<b>Client</b>	<b>Name of the Project</b>	<b>Total Project Cost (LKR Million)</b>	<b>Date of Award</b>	<b>Date of Completion</b>	<b>Nature of the Consultancy Service *</b>

**B.3 Detail of Design office equipment & Motor Vehicles**

Equipment	Date of purchase	Serial no.	Details of Motor Vehicles owned by the firm		
			Type of vehicle	Date of purchase	Reg.No.
			Details of Motor Vehicles to be hired by the firm for this project		

**B. Organizational Competence**

<b>Year of Establishment</b>	
<b>Core Business</b>	
<b>Activities of the Organization</b>	
<b>Details of Registrations</b>	
<b>Total Years of Experience</b>	
<b>Any other</b>	

**C. Qualification of Key Staff**

D.1 - Proposed Position	<b>Team Leader</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

D.2 - Proposed Position	<b>Chief Architect</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

D.3 - Proposed Position	<b>Structural Engineer</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	



D.4 - Proposed Position	<b>Electrical Engineer</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

D.5 - Proposed Position	<b>Mechanical Engineer / Service Engineer</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

D.6 - Proposed Position	<b>Quantity Surveyor</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

D.7 - Proposed Position	<b>Finance Manager</b>
Name	
Present Designation	
Highest Educational Qualification	
Professional Qualifications (with year obtaining)	
Experience	
Date joining this organization	
Any other	

**D. Client References**

Past Experience of similar Works -Provide details of past experience in similar Consultancy works (Consortium Consultancy works only) in last 5 years

Attach documentary evidence obtained from the Client

<b>Client</b>	<b>Name of the consultancy</b>	<b>Total Project Cost (LKR Million)</b>	<b>Date of award</b>	<b>Date Completed or Scheduled Date</b>

(Use separate sheets if required)

**E. Financial Competence**

<b>Schedule F.1 – Annual Turn-over Information</b> (Consultancy works only – Last 5 years) For joint ventures, each joint venture partner shall furnish information separately.	
Year	<b>Total Turn Over (LKR Million)</b> Attach copies of audited statements with audit opinion
1 2017/18	
2 2016/17	
3 2015/16	
4 2014/15	
5 2013/14	
<b>Total</b>	
<b>Average for last 5 years</b>	

<b>Schedule F.2 – Adequacy of Working Capital</b>		
Source of credit line	Amount (LKR Million)	Remarks
		Provide documentary evidence
<b>Total</b>		

Certification:

I certify that the information given in Schedules A, B, C, D, E & F including the attachments thereto is true & correct to the best of my knowledge

.....

Authorized Signature

Name & Designation .....

On behalf of (Company Name) .....

Company Seal

Date .....