

VOC PORT TRUST
CHECK LIST FOR EXTENSION OF CONTRACT
NAME OF DEPARTMENT -

| | | |
|------|---|--|
| 1(a) | Name of work / Tender With File and Project Code and Type Code SAP No | |
| (b) | Awarded cost as per original work order | |
| (c) | Period of Contract (DD/MM/YY to DD/MM/YY) | |
| 2(a) | Estimated Cost of Original Tender for which Extension requested | |
| (b) | Tender Value for extension requested | |
| 3(a) | Details of previous Extension if any 1)DD/MM/YY to DD/MM/YY = Rs. 2)DD/MM/YY to DD/MM/YY = Rs. 3)and so on a) Total financial implication till date (1+2+3 above) in Rs b) Total Financial implication Till date in % = over all previous expenditures on account of extensions/total value of work awarded. i. Over agreement value ii. Over estimated value | |
| (b) | Reason for extension | |
| (c) | SAP Estimate No. | |
| (d) | Status of Fresh Tender and reason for delay, if any. | |
| (e) | Whether, the Vigilance Guidelines adhered | |
| 4 | EMD paid on original Award. If yes Document Number on transfer to SD. | |
| 5 | Details of Performance Guarantee Amount with Validity date | |

| | | |
|------|---|---|
| 6 | SD Recovery made in each running account bill and total amount recovered as on date with percentage & Type Code & Vendor Code | |
| 7 | Is provision is there for extension in the original work order if yes period of extension available & Clause No. | |
| | | |
| 7(a) | Whether, in principal approval was obtained for extension | YES/NO |
| (b) | If yes, Acceptance letter from the Contractor has been obtained and enclosed | YES/NO Date of Letter |
| 8(a) | If Budget Provision available Type Code | i. Sanctioned Amount = _____ ii. Already incurred iii. Available Balance: iv. Now Proposed |
| (b) | If Balance is not available as per point 8 (a) Proposal for re-appropriation | i. Budget provision for this Code : Rs. _____ ii. Expr. Incurred upto date: iii. Available balance iv. Budget code v. Cost Center |

D.A

DY.HOD

HOD

FINANCE DEPARTMENT

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|---|--|---|
| 1 | Has the Finance Department checked the correctness of the information furnished at Sl.No.1(a) to 8(b) above with reference to documentary evidence | YES/NO |
| 2 | Whether Project Code: Budget Sl. No. | Revenue/Plan/Non Plan |
| 3 | Expenditure on proposed extension & % increase | |
| 4 | SAP Estimate No: | |
| 5 | Remarks / Observations / Recommendations | |
| 6 | Competent Authority to accord approval for Extension for this work | 1. Sl.No.____ of Delegation of Powers 2. HOD/Dy.CPT/CPT/ Board |

Approval of Extension of contract is requested to award the work of Capital Plan Schemes / Capital Non-Plan Schemes / Revenue works to at a total cost of Rs..... as per Sl.No..... of DOP dt:11.02.2015.

A.O.Gr.II/GrI/SR.AO

DY.CAO/SR.DYCAO

FA&CAO