Name of Work: Notice Inviting Bids from National/International Design & Planning Firms for Consultancy Services for comprehensive Architectural & Engineering planning for the “Development/Redevelopment of Parliament Building, Common Central Secretariat and Central Vista at New Delhi”

NIT No.: 04/CPM /RPZ/NIT/2019-20

The Date & time of pre-bid meeting for the above mentioned work is extended due to administrative reasons. The details are as under: –

<table>
<thead>
<tr>
<th>Date &amp; Time of Pre-bid Meeting</th>
<th>17.00 Hrs on 12.09.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>in the Conference Hall O/o ADG (PRD), CPWD, Sewa Bhawan, R.K. Puram, New Delhi</td>
</tr>
</tbody>
</table>

Dated: 06.09.2019

Executive Engineer
Redevelopment Project Division-II
CPWD, Vidyut Bhawan
New Delhi – 110001
EMD RECEIPT FORMAT

Receipt of deposition of original Bank Guarantee as EMD

Receipt No…………. /date…………

Name of Work: Redevelopment of General Pool Residential colony at Srinivasapuri New Delhi (Phase-I) - Construction of 560 nos. Type-II, 1260 nos. Type-III and Type-IV 588 nos. including single basement, three level podium parking and social infrastructure buildings including all development works and services on EPC basis

1. NIT No: 01/CPM/RPZ/NIT/2018-19
2. Estimated Cost: Rs.1393,80 Lakh
3. Amount of Earnest Money Deposit: Rs 14,04 Lakh

i) In the form of Treasury Challan, or Demand draft, or Pay order, or Banker’s cheque, or Deposit at call Receipt or Fixed Deposit Receipt Rs………….. Vide ………………..Date…. 
ii) In the form of Bank Guarantee Rs………issued by…… Dates….. (as per Form- G)

iii) Last date of submission of bid: 15:00 Hrs. 15th October 2018

(1) Name of Bidder: ………………………………..#

(2) Total EMD Deposited: ………………………………………………. #

(3) Amount of Earnest Money Deposit: ………………………….. #

(i) In the form of Treasury Challan or Demand draft or pay order or Banker’s cheque or Deposit at call Receipt or Fixed deposit Receipt Rs………….. Vide ………………..Date…. 
(ii) In the form of Bank Guarantee Rs………issued by…… Dates…..(as per Form- G)

(4) Date of submission of EMD: ......................................................................#

Signature, Name and Designation of EMD receiving officer (EE/AE(P)/AE/AAO along with Office stamp.