

FORMAT FOR SUBMITTING (EOI) PROPOSAL

1. Name of Firm:- -----

2. Address with Phone No.
& Mail ID :- -----

3. Date of Commissioning
/Inception in the country :- -----

4. Annual turnover
in last three financial years:-

S.No.	Financial year	Annual turn over
01	2010-11	
02	2011-12	
03	2012-13	

5. Geographical distribution
of offices:- -----

6. Reference of major hospitals
where your firm has executed the
LMO Plants & MGPS Installations :- -----

7. Brief proposal about execution
modalities and time frame:- -----

8. Estimated expenditure and saving
scheme with respect to compressed
medical oxygen:- -----

Authorized Signature