## **PERFORMA FOR EVALUATION OF REPORT.**

| Allocation of funds | Date of Advertisement of tender or letter inviting bids from prequalified bidder | No. of<br>Tender<br>Document<br>Sold | No. of<br>tender<br>submitted | Closing<br>date of<br>tender | Opening<br>date of<br>tender | Details/No.<br>of bidder<br>participated<br>in bidding | Name of the qualified bidder and disqualification |              | Reasons for disqualification | Financial bid opening date | to          |
|---------------------|--|--------------------------------------|-------------------------------|------------------------------|------------------------------|--|---|--------------|------------------------------|----------------------------|-------------|
|                     |  |                                      |                               |                              |                              |  | Qualified   | Disqualified |                              |                            | evaluation. |
| 1                   | 2  | 3                                    | 4                             | 5                            | 6                            | 7  | 8   | 9            | 10                           | 11                         | 12          |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              | _                          |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
|                     |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |
| I                   |  |                                      |                               |                              |                              |  |   |              |                              |                            |             |