

Expression of Interest (EoI) Information Sheet

THE FEASIBILITY STUDY FOR THE CONSTRUCTION OF RAILWAY DOUBLE LINE FROM POLGAHAWELA TO KURUNAGALA

The following information should be provided with the EoI.

1. Select appropriate response (please select one of the following)

- a) EOI as single party
- b) EOI as joint venture
(if so please list the parties)

Joint Venture Name	Parties involved and their Responsibilities

2. Years in business as an Engineering Consultancy Service

- 1 – 3 years
- 3 - 5 years
- More than 5 years

3. Number of similar projects undertaken during the last five (05) years as projects. (Similarity is based on the description provided under ‘Scope of Services’, nature and complexity of the project)

- No similar projects
- 1 – 3 projects
- 4 – 5 projects
- More than 5 projects

Similarity:

Please specify Yes/No for the features specified below and mention the Project Name. Project description and should be submitted by using the template given in the Annexure -1.

Features	Yes/No	Project Name	Project Duration
All Engineering Projects			
a. Feasibility Study for Engineering (including Transport and Rail Sectors) Project			
b. Design Consultancy for Engineering (including Transport and Rail Sectors) Project			
Transport Sector Projects			
c. Feasibility Study in Transport (Including Rail Sector) Sector			
d. Design Consultancy in Transport (Including Rail Sector) Sector			
Railway Sector Projects			
e. Feasibility Study in Railway Sector			
f. Design Consultancy in Railway Sector			

4. Number of Transport related consultancy completed in the last 10 years? (Use the Project Information Template – Annexure 1 for submitting necessary information)

- Less than 3 projects
- 3 – 5 projects
- More than 5 projects

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Signature of the Authorised Officer
Name :
Designation:
Date:

Annexure – 1 (Project Information Template)

Assignment Name:	Name of the Client and Address:
Commencement Date:	Completion Date;
Period of Assignment:	
No of Professional Staff months provided by associated consultants:	Name of the Associated Consultants if any:
Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):	
Brief description of Project: (Should cover the features listed in ‘Similarity’ section of question no. 3)	
Technologies used:	

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 Signature of the Authorised Officer
 Name :
 Designation:
 Date: