

Whether Engineers were employed as per contract conditions to supervise the work		Yes	No
Name of the Engineers		Contact Nos	
Whether the employed Engineer by agency had sufficient expertise to oversee the work during execution?		Yes	No
Remarks			
Whether any penalty is recommended due to poor performance of work		Yes	No
If Yes, details on the period, rate and amount for the levy of compensation			

*Suggestion on Performance of Contractor based on assessment (Please tick as per your assessment of the work)

Items	Grading Chart					Reasons
	Outstanding	Very Good	Good	Satisfactory	*Poor	
Quality of work	Outstanding	Very Good	Good	Satisfactory	*Poor	
Financial Soundness	Outstanding	Very Good	Good	Satisfactory	*Poor	
Technical Proficiency	Outstanding	Very Good	Good	Satisfactory	*Poor	
Resourcefulness	Outstanding	Very Good	Good	Satisfactory	*Poor	
General Behaviour	Outstanding	Very Good	Good	Satisfactory	*Poor	
Work Ethics	Outstanding	Very Good	Good	Satisfactory	*Poor	
Mobilization of Adequate T&P and works	Outstanding	Very Good	Good	Satisfactory	*Poor	

(Signature of the ZIC)

Date: ____/____/_____
(dd / mm / yyyy)

Comments by EIC if any

(Signature of the EIC)

Date: ____/____/_____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by Head, IWD if any

(Signature of Head, IWD)

Date: ____/____/_____
(dd / mm / yyyy)

For DOIP Internal Use for Issue of Certificate

Check for necessary forms as applicable	DOIP:114 <i>if applicable</i>	DOIP:112 <i>if applicable</i>	DOIP:107U <i>if applicable</i>	106QC	106P	105C
Site visit details and observations on recommended in Grading of Indicator if any on Performance of Contractor (Please tick as per your assessment of the work)						
Remarks on Quality of work based on site condition and report/documents						
Checked	Passed					
JE/JTS	In-Charge, PCC Cell					

Comments/Special instructions/Recommendations by Officer-In-Charge, DOIP, if any

(Signature of OIC1) Date: / /
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by ADPI, if any

(Signature of ADPI) Date: / /
(dd / mm / yyyy)

Comments/Special instructions/Approved by DOIP, if any

(Signature of DOIP) Date: / /
(dd / mm / yyyy)