



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**Office of the Dean of Infrastructure & Planning**

DOIP: 114

**Approval form for Extension of time (EOT) \***

**Work Details**

Name of the Work	
Request number	
Name of the contractor	
Contract Agreement No	
Contract Start Date	
Contract End Date	

EOT No	
Date of Request of EOT by contractor	<i>A copy of notice by contractor for EOT should be enclosed with the form</i>
Reasons for initiating EOT	
As per schedule F, please state the escalation clauses applicable if EOT is granted	
Estimated amount to be paid extra to the contractor as per the escalation clauses if EOT is granted	<i>The methodology adopted and the calculations to work out the estimated amount should be attached as a sperate sheet</i>

**Justification for EOT**

<i>Please provide all the details to justify contractors claim for EOT and the recommendation of EIC based on <b>Annexure A</b> Hinderance Register</i>	

Expected increase in contract amount if EOT is granted	Rs.		
<b>Effect on date of completion</b>	Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged <input type="checkbox"/> By ( ) days		
Revised date of completion			
<b>Details of previous EOT if any</b>			
Sl. No	Date of Extension	No of days extended	Reason for extension

\_\_\_\_\_  
 (Signature of ZIC)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ( dd / mm / yyyy )

**Review and Comments/Special instructions/Recommendations**

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\_\_\_\_\_  
(Signature of EIC)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

**Review and Comments/Special instructions/Recommendations**

\_\_\_\_\_  
(Signature of Head, IWD)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

**For DOIP Office Use**

<b>EOT Received before the expiry of completion date/revised completion date</b>	<b>Yes</b>	<b>No</b>
If No, no of days delay in submission of EOT		

<b>Checked</b>	<b>Passed</b>
<b>Note:</b>  JTS/JE	<b>Note:</b>  OIC4

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

\_\_\_\_\_  
(Signature of DOIP)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

**Comments/Special instructions/Recommendations by DD, if any**

\_\_\_\_\_  
(Signature of DD)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

**Comments/Special instructions/Recommendations by Director, if any**

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_/\_\_\_\_/\_\_\_\_

- *A valid EOT form is required for all payments related to escalation clauses applicable for extension of time*