



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

DOIP: 112

Construction Change Order \*

Work Details

Name of the Work	
Name of the contractor	
Contract Agreement No	D    T
Contract Start Date	
Contract End Date	

List of CCD Numbers

Sl. No.	Last Two Fields of CCD No	Amount
1		
2		
3		
4		
5		

Sl. No.	Last Two Fields of CCD No	Amount
6		
7		
8		
9		
10		

CCO Form No	C    C    O
Date of Issuance	/    /    / (dd/mm/yy)
Agreeing parties**	Institute <input type="checkbox"/> Architect <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Field <input type="checkbox"/> Others <input type="checkbox"/>

The contract is amended as follows

*Please provide the list of items for the listed CCD numbers*

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Original Contract Amount	Rs.
The net changes by previously authorized change orders	Rs.
Contract Amount prior to this change order	Rs.
<b>Total amount for the current change order</b>	<b>Rs.</b>
The new Contract Amount including this change order	Rs.
<b>Effect on Contract Time</b>	<b>Increased</b> <input type="checkbox"/> <b>Decreased</b> <input type="checkbox"/> <b>Unchanged</b> <input type="checkbox"/> <b>By ( )days</b>
Date of Substantial Completion as of the date of this Change order, therefore, is	

\*The CCO document is not valid until signed by all agreeing parties. Duly filled CCO forms should be used as a forwarding notes for sanctioning extra/substitute/deviation items

\*\*Please cross as applicable

## Agreeing Parties

### 1. Architect

Architect(Name of the firm)	Address	Name of the Signing Authority	Signature

### 2. Consultant

Consultant (Name of the firm)	Address	Name of the Signing Authority	Signature

### 3. Contractor

Consultant (Name of the firm)	Address	Name of the Signing Authority	Signature

### 4. For Institute

Executive Engineer

Remarks	Name & Signature	Date

Superintending Engineer

Remarks	Name & Signature	Date

ADPI/PIC

Remarks	Name & Signature	Date

DOIP

Remarks	Name & Signature	Date

Dy. DIRECTOR

Remarks	Name & Signature	Date

DIRECTOR

Remarks	Name & Signature	Date

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*\*\*Please cross as applicable*