



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</i>

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

 (Signature of Preparer)

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

Review and Comments/Special instructions/Recommendations

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(Signature of Executive Engineer)

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

Review and Comments/Special instructions/Recommendations

(Signature of Head, IWD)

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

For DOIP Office Use

EOT Received before the expiry of completion date/revised completion date	Yes	No
If No, no of days delay in submission of EOT		
Checked	Passed	
Assistant/ Superintendent	Note: OIC	

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)

____/____/____

Recorded	Sent for clarifications	____-____-____	Clarifications Received	____-____-____	Revision Recorded	Sent for further processing	____-____-____
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- A valid EOT form is required for all payments related to escalation clauses applicable for extension of time