



ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން



އިންދިރާ ގަންދީ ޕްރައިމަރީ ހޮސްޕިޓަލް

INDIRA GANDHI MEMORIAL HOSPITAL

Kan'baa Aisaarani Hingun, Male', Republic of Maldives

އިންދިރާ ގަންދީ ޕްރައިމަރީ ހޮސްޕިޓަލް ގެ ސަރަޙައްދުގައި ހިންގާ ފަރާތްތަކުގެ ނަންބަރު

އެ ފަރާތްތަކުގެ ނަންބަރު 137-IU/PR/2024/50 ގެ ދަށުން

137-IU/PR/2024/50—އިންދިރާ ގަންދީ ޕްރައިމަރީ ހޮސްޕިޓަލް

137-PR/2024/W-36: ފަރާތްތަކުގެ ނަންބަރު

עוד נדרש

אשרתם רשם נדרש גם כקודם וכן גם קודם וכן גם קודם אשרתם רשם וכן גם נדרש וכן גם נדרש.
 נדרש וכן גם נדרש.

אשרתם רשם וכן גם נדרש	
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אשרתם רשם וכן גם נדרש וכן גם נדרש.
 נדרש וכן גם נדרש.

אשרתם רשם וכן גם נדרש וכן גם נדרש.

נדרש	נדרש	נדרש
	נדרש וכן גם נדרש	

נדרש וכן גם נדרש.
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 נדרש וכן גם נדרש.

Financial Situation – Documentation Required

State YES in the submitted column against the sub-factor/requirement met

Factor	5.2 Financial Situation			
Sub-Factor	Criteria		Documentation Required	Submitted
	Requirement	Tenderer		
5.2.1 Financial Strength	Submission of Bank/Account Statements or bank letter proving that 30% of the proposed contract price/fund is available with the contractor	Must meet requirement	Bank/Account Statement OR	
			Bank Letter	
OR				
5.2.2 Credit Facility	Letter of Credit Facility - 30% of the proposed contract price. (letter shall be from the Credit Facility/Facilitator)	Must meet requirement	Credit Facility Letter	

Experience – Documentation Required

Factor	5.3 Experience			
Sub-Factor	Criteria		Documentation Required	Submitted
	Requirement	Tenderer		
2.3.2 Specific Experience	Participation as contractor, management contractor, or subcontractor, in at least 3 contracts within the last 4 years, each that have been successfully and substantially completed and that are similar to the proposed Works.	Must meet requirement	Minimum 3 letters of 3 different projects within the last 4 years Awarding Body/Employer's Letter with the details of contract amount, contract duration, completion date and certification of completion	

State YES in the submitted column against the sub-factor/requirement met

Details of the letters submitted

No	Name of Contract	Awarding Body (address/ contact)	Employer (address/ contact)	Contract Figure (current MVR equivalent)	Completed date
1.					
2.					
3.					