



New Security Force

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INTEGRATED FACILITY MANAGEMENT SERVICES

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SURVEYOR DETAILS

NAME*

DATE*

ZONE*

CLIENT DETAILS

NAME*

LOCATION*



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TENDER DETAILS

CATEGORY*

DOCUMENT COST*

EMD*

EMD R

EFUN

D PERI

OD*

CURRENT CONTRACTOR DETAILS

COMPANY*

NAME*

PHONE*



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CURRENT WAGES*

CURRENT WAGES FOLLOWED*

4. CONTACT PERSON FROM CLIENT LOCATION

NAME

PHONE

5. NUMBER OF PERSONS CURRENTLY WORKING*

6. NUMBER OF REQUIRED PERSON*

7. ESI REQUIREMENT*

8. EPF REQUIREMENT*

9. BONUS*

10. BILL PROCESS PERIOD*



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11. SALARY PROCEDURE*

- ☐ AFTER BILLING
☐ BEFORE BILLING

12. GST*

13. CURRENT CONTRACTOR SALARY PROCESSING DATE*

14. MATERIAL*

- ☐ YES
☐ NO

15. OFFICE SCHEDULE*

16. OFFICE OFFICE TIMING TIMING

Start Time

End Time

17. NUMBER OF SHIFTS*

18. ADDITIONAL REMARKS*

19. CONTACT PERSON NAME AND DETAILS*



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20. PHONE*

21. FOLLOWUP REQUIRED*

- ☐ YES
☐ NO

22. FOLLOWUP COMMENTS*

SIGNATURE*