

# SURVEYOR DETAILS

NAME\*

DATE\*

ZONE\*

# CLIENT DETAILS

NAME\*

LOCATION\*

# TENDER DETAILS

CATEGORY\*

DOCUMENT COST\*

EMD\*

EMD R EFUN

D PERI OD\*

# CURRENT CONTRACTOR DETAILS

COMPANY\*

NAME\*

PHONE\*

CURRENT WAGES\*

CURRENT WAGES FOLLOWED\*

1. CONTACT PERSON FROM CLIENT LOCATION

NAME

PHONE

1. NUMBER OF PERSONS

CURRENTLY WORKING\*

1. NUMBER OF REQUIRED PERSON\*

1. ESI REQUIREMENT\*

1. EPF REQUIREMENT\*

1. BONUS\*

1. BILL PROCESS PERIOD\*

1. SALARY PROCEDURE\*

AFTER BILLING

BEFORE BILLING

1. GST\*

1. CURRENT CONTRACTOR SALARY PROCESSING DATE\*

1. MATERIAL\*

YES

NO

1. OFFICE SCHEDULE\*

1. OFFICE OFFICE TIMING TIMING

Start Time End Time

1. NUMBER OF SHIFTS\*

1. ADDITIONAL REMARKS\*

1. CONTACT PERSON NAME AND DETAILS\*

1. PHONE\*

1. FOLLOWUP REQUIRED\*

YES

NO

1. FOLLOWUP COMMENTS\*

SIGNATURE\*