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| **Submittal Form** | | | | | | | | | | | | | | |  |
| SAIFEE HOSPIRTAL CARDIAC WING | | | | | | | | | | | | | | |  |
| **Project Team** | Principal Consultant | |  | | | | | | | | Civil & ID | | | |  |
| Electrical Consultant | |  | | | | | | | | Electrical | | | |  |
| HVAC Consultant | | **N.Z Engineers.** | | | | | | | | Mechanical / Plumbing | | | |  |
| Project Managers | |  | | | | | | | | Others | | | |  |
|  | | | | | | | | | | | | | | |  |
| **Submittal Particulars** | Submittal No. | | | 03 | | | Dated | | | |  | | | |  |
| BOQ Section No. | | |  | | | BOQ Item No. | | | | ---- | | | |
| Specification | | | Plumbing Valves | | | Reference | | | | ---- | | | |
| Size | | |  | | | Nos. | | | | ---- | | | |
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| **Description of Equipment/ Material Submitted for Approval** | Manufacturer | | | GALA | | | Origin | | | |  | | | |
| Local Agent Name | | | ---------- | | | Contact No. | | | |  | | | |
| Address | | |  | | | | | | | | | | |
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| **Deviations from Specs, if any** |  | | | | | | | | | | | | | |
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| **List of Documents Attached to this submittal** | 1 | | | Sample | | | | | | | Pages | |  | |
|  | | |  | | | | | | | Pages | |  | |
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| This to certify that information provided above is true and correct to the best of Approval | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
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| Signature of Contractor | | Name | | | | | | Designation | | | | | | |
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| **Consultant’s Scrutiny Report** |  | | | | | | | |  | Approved  Approved with Comments Resubmission Not Required  Approved with Comments  Resubmission Required  Not Approved- Resubmit | | | | |
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| **Approved by** |  | | | |  |  | | | | | |  | |
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