|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | 04 | | | Dated | | | |  | | | |  |
| BOQ Section No. | | |  | | | BOQ Item No. | | | | ---- | | | |
| Specification | | | PPRC Pipes | | | Reference | | | | ---- | | | |
| Size | | |  | | | Nos. | | | | ---- | | | |
|  | | | | | | | | | | | | | | |  |
| **Description of Equipment/ Material Submitted for Approval** | Manufacturer | | | DADEX | | | Origin | | | |  | | | |
| Local Agent Name | | | ------------ | | | Contact No. | | | |  | | | |
| Address | | |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Deviations from Specs, if any** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **List of Documents Attached to this submittal** | 1 | | | Sample | | | | | | | Pages | |  | |
|  | | |  | | | | | | | Pages | |  | |
|  | | |  | | | | | | | Pages | |  | |
|  | | | | | | | | | | | | | | |
| This to certify that information provided above is true and correct to the best of Approval | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | |  | | | | | |  | | | | | | |
| Signature of Contractor | | Name | | | | | | Designation | | | | | | |
|  | | | | | | | | | | | | | | |
| **Consultant’s Scrutiny Report** |  | | | | | | | |  | Approved  Approved with Comments Resubmission Not Required  Approved with Comments  Resubmission Required  Not Approved- Resubmit | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  |  | | | | | | | |
|  | | | | | | | | | | | | | |
| **Approved by** |  | | | |  |  | | | | | |  | |
|  | | | |  |  | | | | | |  | |