

**ACCEPTANCE LETTER OF OFFER BY MCGM
BRIHANMUMBAI MAHANAGARPALIKA**

No:

Office of the ò

To,
M/s. ò
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Sub: ò
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Ref: ò

Gentlemen,

With reference to above this is to inform you that

- (a) With the approval the Ward Committee /DMC(Z)/Director (E S &P) vide no.-----dt.-----,your offer for above work has been accepted on behalf of the Municipal Corporation of Greater Mumbai with rebate/ premium at _____percentage on the estimated cost for Rs.----- .Thus, the contract cost of the works is Rs._____ after the rebate/ premium on. the estimated cost.

- (b) The contract period for the subject work is _____month/s.(exclusive /include monsoon) from the date of issue of work order/P.O. From Asstt. Comissioner _____ward/Dean_____Hospital.

- (c) The contract agreement etc. may be collected from the office of the Asstt. Comissioner _____ward/Dean_____Hospital.

- (d) You are required to pay 5% contract deposit amounting to Rs._____by way of cash or in the form of B.G in this office and only on remittance of contract deposit,the work order will be issued to you. All other contract

formalities are required to be complete within seven days including payment of legal and stationery charges if any.

- (e) The requisite contract document , plan etc will be issued/ handed over to you for stamping and execution only on payment of Rs. _____ in the office of undersigned on account of legal charges and stationary charges if any.
- (f) You are further requested to submit a contract Agreement along with all documents within 07 days from the receipt of the Letter of Acceptance and the same should be adjudicated for payment of Stamp Duty.
- (g) You are also required to comply with clause no.55 of GCC for CWC Works as uploaded on MCGM portal immediately on receipt of this acceptance letter.
- (h) You are further required to submit Attested copies of Pan Card, Deed of partnership, Power of Attorney, Solvency Certificate and the details of the Banker such as name of the Bank., Branch & A/c No. and also all insurance Policies such as (1) All Risks Insurance Policies (2) Workmen Compensation, Insurance Policy (3) Janata Insurance Personal Accident Policy to be effected on behalf of the Corporation, from Directorate of Insurance, Maharashtra State, Gruha Nirman Bhavan (MHADA), 1st Floor, R.No. 264, Opp. Kala Nagar, Bandra (E), Mumbai-400 051.
- (l) Please note that unless the Contract Agreement is duly executed, bills submitted by you shall not be accepted for the payment nor such bill amount will be paid till then.
- (j) Unless all the requirements of this letter of acceptance as well as all pre-conditions as mentioned in tender document are complied with no payment for the contractual work will be made by the MCGM.
- (k) Work Order/P.O will be issued through SAP by office Asst. Commssioner(___) Ward/ Dean of _____Hospital in accordance with Circular No. CA/FRD/I/56 dated 18.01.2012.

Asst Commssioner(___) Ward/ Dean of _____Hospital