

F. No. 4-2/2020-Coordination (CHD)  
RFQ: Third Party Evaluation - Central Hindi Directorate

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Total Cost for the assignment excluding taxes as applicable	In INR (Figure)  In Words:
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Dated this [date / month / year ]

Authorized Signatory (in full and initials)

Name and title of signatory

Duly authorized to sign this Proposal for and on behalf of [ Name of Respondent]

Name of Firm:

Address: