

Expression of Interest (EOI) Information Form

1. Project/Assignment:

Contract Name: TOT Training on Coding Teacher Instruction Manual (TIM) for Teachers
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Contract Number: ICTA/GF-GRANT/CON/CQS/2017/16

2. Eligibility

Declaration;

We hereby declare that:

- (i) We have read the advertisement, and the Terms of Reference (TOR), for this assignment;
- (ii) We have not been engaged to prepare such TOR as a firm, sub consultancy, or joint venture; and
- (iii) No full-time or part-time or contracted expert employed by our firm, sub consultancy, or joint venture has been engaged to prepare such TOR.

We further confirm that, if any of one or more of our experts is engaged to prepare TOR for any resulting assignment as part of our work product under the assignment to which this advertisement relates, our firm and any such expert(s) will be disqualified from short-listing and/or participation in such follow-on assignment.

3. Consultancy Organization/ Lead Firm

Name of Consultancy Organization / Lead Firm:
Address:
Contact details Telephone: Fax: Email:
Details of Executive Board, Chairman, Directors & CEO:
Certificate of Incorporation: Please attach
Consultant Team and their Expertise
Signed by :
Position :

If intends to express interest as a joint venture, provide the following details:

Associate Partner 1	
Name of Firm:	
Contact details:	Telephone: Fax:..... email:
Details of Executive Board, Chairman, Directors & CEO:	
Consultant Team and their Expertise:	
Certificate of Incorporation	Please attach
Signed by :	
Position :	

Associate/Partner 2	
Name of Firm:	
Contact details:	Telephone: Fax:..... email:
Details of Executive Board, Chairman, Directors & CEO:	
Consultant Team and their Expertise:	
Certificate of Incorporation	Please attach
Signed by :	
Position :	

4. Management Competence (Please respond to each question requirement indicated below)

4.1 If you are proposing an association such as sub consultancy or a joint venture (J/V), outline the rationale for and benefits of the “association.” Outline proposed management coordination of the “association,” including the role of each firm.

4.2 Does your firm/sub consultancy/joint-venture (J/V) have standard policies, procedures or practices in place that promote quality in the workplace, your interaction with clients, and the outputs you produce? If yes, describe briefly.

4.3 How will you ensure the quality of your firm’s/sub consultancy’s/joint venture’s performance over the life of this assignment?

4.4 How will your firm/sub consultancy/joint venture deal with any complaints concerning the performance of the staff or the quality of the reports submitted for this consulting assignment? What internal controls are in place to address and resolve complaints?

5. Technical Qualifications

5.1 Core business of the firm

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5.2 Past experience with projects related to ICT training. (Minimum of five trainings)

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5.3 Past experience with TOT trainings related to ICT conducted.

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5.4 Financial and administrative strength for the last two years: (attach Audited Financial statement etc)

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5.5 Firm's history, number of years in business

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5.6 Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff

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5.7 Qualifications & Experience of the requested Consultants in Brief

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5.8 Qualifications including Experience of the firm with projects of similar nature

List 5 successfully completed assignments which are primarily related to similar training (Teacher training, TOT training). **use Annex 01.**

1. 2. 3. 4. 5.

Annex 01 - Project Details

Indicate 5 projects that the firm/sub consultancy/joint venture experiences are relevant.

Project __ of 5

• Project Name			
• Name of Client			
• Country		Project location within Country	
• Participation	<input type="checkbox"/>	As lead firm	
	<input type="checkbox"/>	As associate firm	
• Value of Services		(Rs.)	
• Source of Financing			
• Consultancy Services			
(i) No. of staff			
(ii) No. of person months			
• Length of Consultancy Assignment			
• Start Date		(dd/mm/yyyy)	
• Completion Date		(dd/mm/yyyy)	
• Name of Associate Firms (if any)			
• No. of Person-Months of Professional Staff Provided by Associated Firm(s)			
• Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed			
• Detailed Description of the Project			
• Detailed Description of the Actual Services Provided by your Firm			