

**Government of India**  
**CENTRAL PUBLIC WORKS DEPARTMENT**

**CORRIGENDUM NO. 1**

Name of Work: Notice Inviting Bids from National/International Design & Planning Firms for Consultancy Services for comprehensive Architectural & Engineering planning for the “Development/Redevelopment of Parliament Building, Common Central Secretariat and Central Vista at New Delhi”

NIT No.: 04/CPM /RPZ/NIT/2019-20

The Date & time of pre-bid meeting for the above mentioned work is extended due to administrative reasons. The details are as under: –

Date & Time of Pre-bid Meeting	<b>17.00 Hrs on 12.09.2019</b> in the Conference Hall O/o ADG (PRD), CPWD, Sewa Bhawan, R.K. Puram, New Delhi
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Dated: 06.09.2019

Executive Engineer  
Redevelopment Project Division-II  
CPWD, Vidyut Bhawan  
New Delhi – 110001

**EMD RECEIPT FORMAT****Receipt of deposition of original Bank Guarantee as EMD**

Receipt No.....\* ..... /date.....\* .....

**Name of Work:** Redevelopment of General Pool Residential colony at Srinivaspuri New Delhi (Phase-I) - Construction of 560 nos. Type-II, 1260 nos. Type-III and Type-IV 588 nos. including single basement, three level podium parking and social infrastructure buildings including all development works and services on EPC basis

1. NIT No: 01/CPM/RPZ/NIT/2018-19
2. Estimated Cost: Rs.1393,80 Lakh
3. Amount of Earnest Money Deposit:Rs 14,04 Lakh

- i) In the form of Treasury Challan, or  
Demand draft, or  
Pay order, or  
Banker's cheque, or  
Deposit at call Receipt or Fixed Deposit Receipt Rs..... Vide  
.....Date....
- ii) In the form of Bank Guarantee Rs.....issued by..... Date.... (as per Form- G)
- iii) **Last date of submission of bid: 15:00 Hrs. 15<sup>th</sup> October 2018**

**(1) Name of Bidder: .....#****(2) Total EMD Deposited: ..... #****(3) Amount of Earnest Money Deposit: ..... #**

- (i) In the form of Treasury Challan or  
Demand draft or pay order or  
Banker's cheque or  
Deposit at call Receipt or  
Fixed deposit Receipt Rs..... Vide .....Date....
- (ii) In the form of Bank Guarantee Rs.....issued by.....  
Date....(as per Form- G)

**(4) Date of submission of EMD:.....#**

Signature, Name and Designation of EMD receiving officer (EE/AE(P)/AE/AAO along with Office stamp.