

INDIAN INSTITUTE OF TECHNOLOGY KANPUR Office of the Dean of Infrastructure & Planning

DOIP: 113

Contract Extension Order *							
Work Details							
Name of the Work							
Request number							
Name of the contractor							
Contract Agreement No	D	T /	/	/			
Contract Start Date	//	/ (dd/mm/yy)					
Contract End Date	///	/ (dd/mm/yy)					
Is the contract extendable as	s per the original contract	Yes		No]
agreement?							
Total number of years up to							
extended							
Number of extensions already approved, if any, with							
finanicial details and period of extensions							
-							
ODO D		1 1 1	1 1				

CEO Form No Date of Issuance Revised Contract End Date (dd/mm/yy)Agreeing Parties** Contractor Institute Please justify if there is a revision in the contract amount. Attach copies of documents justifying the revisions of contract amount (copies may include current minimum wages, analysis of rates, quotations etc.)

Original Contract Amount	Rs.			
Revised Contract Amount	Rs.			
Adjustments in proposed Increased contract amount	Decreased	Unchanged □	By ()%	
Contractor's performance rated for the last one year	Excellent	Good □ Av	erage 🗌 Below Average 🛚	

Please lists the documents used as reference to rate agencies performance and attach relevant copie.	s
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feedback forms,	building complaint records, isters, inspection check list	e nature of work) building wis reports of measures taken to r s etc. and any other related suf	mitiate the recurrence of such	h incidents, receipts o	f timely payments,	
		only for renewal of maintenan n signed by institute & contra			l related contractor	
greeing Pa	arties					
1. For a repared by	Institute Name	Designation	Signature	1	Date	
тератей бу	Ivanic	Designation	Signature		Date	
hecked by	Name	Designation	Signature]	Date	
2.Contract	or					
	Jame of the firm)	Address	Name of the Sig	Name of the Signing Authority		
eview and	Comments/Specia	al instructions/Recom	nmendations			
Signature of I		l instructions/Recom	Date Date	e: (dd / m	//	
eview and	Comments/ opecia	a monucuono/ recon	michanons			
				/	/	
(Signatu	are of Head, IWD)		Dat	e: (dd / n	nm / yyyy)	

For DOIP Office Use

Checklist: OK / Not OK	T	
Number of extensions till date Time period of contract i/c this		
extension		
Checked		Passed
Note:		Note:
	JTS/JE	OIC4
Comments/Special instructions/R	ecommendations by O	fficer-In-Charge if any
		/ /
(Signature of OIC1)		//
,		
Comments/Special instructions/R	ecommendations by A	DPI, if any
		Date: (dd / mm / yyyy)
(Signature of ADPI)		Date: (dd / mm / yyyy)
Comments/Special instructions/R	ecommendations by D	OIP, if any
•		· · · · ·
		//
(Signature of DOIP)	Da	ate: (dd / mm / yyyy)
Comments/Special instructions/R	Recommendations by D	D. if any
	<u> </u>	
(Signature of DD)	— Date: (dd	/ mm / yyyy /)
,		
Comments/Special instructions/R	lecommendations by D	irector, if any
		//
(Signature of Director)		
(Signature of Director)		

vvvv-mm-dd Clarifications Received vvvv-mm-dd Revision Recorded

Sent for further processing

Sent for clarifications

Recorded