



**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											
Contract Start Date	____/____/____ / (dd/mm/yy)										
Contract End Date	____/____/____ / (dd/mm/yy)										
Is the contract extendable as per the original contract agreement?	Yes <input type="checkbox"/>					No <input type="checkbox"/>					
Total number of years up to which contract can be extended											
Number of extensions already approved, if any, with financial details and period of extensions											
CEO Form No											
Date of Issuance	____/____/____ / (dd/mm/yy)										
Revised Contract End Date	____/____/____ / (dd/mm/yy)										
Agreeing Parties**	Institute <input type="checkbox"/>					Contractor <input type="checkbox"/>					

**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 contract amount	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Unchanged <input type="checkbox"/>	By (      ) %
Contractor's performance rated for the last one year	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>

Please lists the documents used as reference to rate agencies performance and attach relevant copies

Copies may include ( in accordance with the nature of work) building wise biannual performance reports prepared by supervisor in charge, user feedback forms, building complaint records, reports of measures taken to mitigate the recurrence of such incidents, receipts of timely payments, maintenance registers, inspection check lists etc. and any other related supervisor reports to ensure adherence to scope of work and that helps in rating agencies performance

*\* The CED document is applicable only for renewal of maintenance contracts subject to contract conditions.*

*\*\*The CED document is valid only when signed by institute & contractor. Also a valid CED form is required for all related contractor payments*

**Agreeing Parties**

**1. For Institute**

Prepared by	Name	Designation	Signature	Date
Checked by	Name	Designation	Signature	Date

**2. Contractor**

Contractor (Name of the firm)	Address	Name of the Signing Authority	Signature

**Review and Comments/Special instructions/Recommendations**

\_\_\_\_\_  
(Signature of Executive Engineer)

Date: ( \_\_\_\_/\_\_\_\_/\_\_\_\_ )  
( dd / mm / yyyy )

**Review and Comments/Special instructions/Recommendations**

\_\_\_\_\_  
(Signature of Head, IWD)

Date: ( \_\_\_\_/\_\_\_\_/\_\_\_\_ )  
( dd / mm / yyyy )

**For DOIP Office Use**

**Checklist: OK / Not OK**

Number of extensions till date		
Time period of contract i/c this extension		
Checked	Passed	
Assistant/ Superintendent	Note: <span style="float: right;">OIC</span>	

**Comments/Special instructions/Recommendations by ADPI, if any**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Signature of ADPI) ( dd / mm / yyyy )

**Comments/Special instructions/Recommendations by DOIP, if any**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Signature of DOIP) ( dd / mm / yyyy )

**Comments/Special instructions/Recommendations by DD, if any**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Signature of DD) ( dd / mm / yyyy )

**Comments/Special instructions/Recommendations by Director, if any**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Signature of Director)

Recorded	Sent for clarifications	____-__-__	Clarifications Received	____-__-__	Revision Recorded	Sent for further processing	____-__-__
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