***Annexure I***

**Form for placing work order towards “Consulting Firms for e-Governance (under Digital India Mission) Projects with ICT /Transaction Advisory/ TPA Services for various Government Organizations in the State of Goa”.**

**(Tender Ref.: ITG-IT/0927/Emp-IT Consultancy/2022/1212 dated 16-08-2022)**

To

**The Managing Director**

Info Tech Corporation of Goa Limited

IT HUB, 3rd Floor,Altinho, Panaji – Goa **Date:**

**Department Details**

|  |  |
| --- | --- |
| **Department Name** |   |
| **Department Address** |   |
| **HOD Name** |   |
| **Contact No** |   |
| **Nodal Officer Name** |   |
| **Designation (Not below Group “B” Gazetted) :** |   |
| **Contact No:** |   |
| **E-Mail** |   |
| **Name of the project/works** |  |
| **Preferred empanelled firm/company with category as per ITG list** |   |
| **Type of Resource with duration in No. of Months** |  |

**Remarks (if any):**

**Signature with seal (Head of Dept.)**

• Note: Kindly a ttach this for m a long with cover ing letter of the depa r tment

 **Annexure II**

**(“Consulting Firms for e-Governance (under Digital India Mission) projects with ICT /Transaction Advisory/ TPA Services for various Government Organizations in the State of Goa”)**

 **Completion Certificate** (Attestation of Works)

Department Name:

Department Address:

Nodal Officer Name:

Designation :

(Not below Group “B” Gazetted)

Ph.No/Mob.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ref. of Work Order issued to ITG :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ref. of Work Order issued to consultancy firm/company (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the project/works has been completed successfully and as per the requirement of the Department.

(Period of Service: From - Date\_\_\_\_\_\_\_\_\_ to-Date \_\_\_\_\_\_\_\_\_)

**Signature of Nodal Officer for Department with stamp**

**Signature of HOD for Department with stamp**