**Section III: Returnable Bidding Forms**

**Note to Bidders:** **Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed** **and return them as part of your quotation.**

The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their Quotation.

**Form A: Quotation submission form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Quotation for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref. number], dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: RFQ Particulars, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS. [If you have any actual or potential conflict of interest as defined in Article 3 of Section II: Instructions to Bidders, please disclose it here];
  4. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  5. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this quotation and bind [***insert full name of bidder***] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: RFQ/2023/45371

Bidders shall be allowed to quote prices for one or more lots identified in this tender. However, bidders must offer 100% of the items specified for each lot and to 100% of the quantities specified for each item of a lot. Evaluation will be done per lot.

| **Currency** | **USD** |
| --- | --- |

**LOT 01**

| **Line #** | **Description** | **Qty** | **Unit price DAP - USD, Colombo** | **Total price DAP - USD, Colombo** |
| --- | --- | --- | --- | --- |
| 01 | Air Mattress | 01 nos | insert | insert |
| **Subtotal - LOT 01** | | | |  |

**LOT 02**

| **Line #** | **Description** | **Qty** | **Unit price DAP - USD, Colombo** | **Total price DAP - USD, Colombo** |
| --- | --- | --- | --- | --- |
| 01 | Electric Dry Autoclave machine | 02 nos | insert | insert |
| **Subtotal - LOT 02** | | | |  |

**LOT 03**

| **Line #** | **Description** | **Qty** | **Unit price DAP - USD, Colombo** | **Total price DAP - USD, Colombo** |
| --- | --- | --- | --- | --- |
| 01 | Ultra-sonic scalar machine | 02 nos | insert | insert |
| **Subtotal - LOT 03** | | | |  |

**LOT 04**

| **Line #** | **Description** | **Qty** | **Unit price DAP - USD, Colombo** | **Total price DAP - USD, Colombo** |
| --- | --- | --- | --- | --- |
| 01 | Blood Pressure Apparatus (Anaroid Tabletop) | 10 nos | insert | insert |
| 02 | Rubber Bladder (Adult) | 20 nos | insert | insert |
| 03 | Velcro Cuff (Adult) | 20 nos | insert | insert |
| 04 | Air Release Valve (chromium plated metallic) | 20 nos | insert | insert |
| 05 | Inflator Bulb with metallic back valve | 20 nos | insert | insert |
| **Subtotal - LOT 04** | | | |  |

**LOT 05**

| **Line #** | **Description** | **Qty** | **Unit price DAP - USD, Colombo** | **Total price DAP - USD, Colombo** |
| --- | --- | --- | --- | --- |
| 01 | Microscope (Normal) | 01 nos | insert | insert |
| **Subtotal - LOT 05** | | | |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form C: Technical Quotation Form - LOT 01: Air Mattress -Standard adult type used with paralyzed patients

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Partially filled bids will not be considered and be disqualified at the Bid Evaluation.

**Technical specifications for goods – Comparative Data Table**

****

| **No** | **UNOPS Minimum Technical Requirements** | **Bidder's Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
|  | Make |  | | Mandatory to provide this information |
|  | Model |  | | Mandatory to provide this information |
|  | Country of Origin |  | | Mandatory to provide this information |
| 1 | The mattress should be suitable to prevention of pressure sores | ☐ Yes | ☐ No |  |
| 2 | Should be made out of Nylon / PVC/ TPU or combination of materials | ☐ Yes | ☐ No |  |
| 3 | Dimensions: 200 x 88 x 20 cm (+/-10% accepted) | ☐ Yes | ☐ No |  |
| 4 | The base mattress is composed of air cell structure that can be inflated alternatively | ☐ Yes | ☐ No |  |
| 5 | Should have at least two air channels for alternate inflation | ☐ Yes | ☐ No |  |
| 6 | rapid deflation to facilitate CPR | ☐ Yes | ☐ No |  |
| 7 | The pump should be silent type and maintenance free, can be hung in the bed | ☐ Yes | ☐ No |  |
| 8 | The unit shall operate on the power supply of 230V±10% 50 Hz | ☐ Yes | ☐ No |  |
| 9 | Should be ISO13485 or ISO9001 certified | ☐ Yes | ☐ No |  |
| 10 | User/Technical/Maintenance manuals to be supplied in English. | ☐ Yes | ☐ No |  |
| 11 | Warranty: 12 months warranty from date of delivery at the final destination | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within **04 weeks** after Purchase Order / Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP - Colombo, Sri Lanka. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Chief Medical Officer  Welikada Prison Hospital,  No. 148/6 Baseline Road, Colombo 09,  Sri Lanka | ☐ Yes ☐ No | Insert details |

# Form C: Technical Quotation Form - LOT 02: Electric Dry Autoclave machine

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Partially filled bids will not be considered and be disqualified at the Bid Evaluation.

**Technical specifications for goods – Comparative Data Table**

****

| **No** | **UNOPS Minimum Technical Requirements** | **Bidder's Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
|  | Make |  | | Mandatory to provide this information |
|  | Model |  | | Mandatory to provide this information |
|  | Country of Origin |  | | Mandatory to provide this information |
| 1 | Standard Accessories Included | ☐ Yes | ☐ No |  |
| 2 | 01 (One) year standard warranty | ☐ Yes | ☐ No |  |
| 3 | Should be FDA approved /CE (Conformity Europeans) marked and comply with EU safety standard | ☐ Yes | ☐ No |  |
| 4 | Manufacturers should have ISO 9001/13485 certification for quality standards | ☐ Yes | ☐ No |  |
| 5 | Comprehensive training for lab staff/analyst | ☐ Yes | ☐ No |  |
| 6 | User/Technical/Maintenance manuals to be supplied in English | ☐ Yes | ☐ No |  |
| 7 | List of important spare parts and accessories with their part numbers with the price should be provided (cost should be valid for 3 years after installation date) | ☐ Yes | ☐ No |  |
| 8 | Design: Horizontal (front loading) | ☐ Yes | ☐ No |  |
| 9 | Steam generator: Integrated | ☐ Yes | ☐ No |  |
| 10 | Using Working Temp: 121℃ (max: 134 °C or more) | ☐ Yes | ☐ No |  |
| 11 | Using Maximum Pressure: 1.2 to 1.3 Kg/cm² or better | ☐ Yes | ☐ No |  |
| 12 | Display: Digital display | ☐ Yes | ☐ No |  |
| 13 | Number of sterilizing program: > 10 programs | ☐ Yes | ☐ No |  |
| 14 | Memory capacity (Internal/external): >250 cycles | ☐ Yes | ☐ No |  |
| 15 | Timer: user selectable, 00.00 to 99 Min or better | ☐ Yes | ☐ No |  |
| 16 | Controller: Microprocessor, Digital PID Controller | ☐ Yes | ☐ No |  |
| 17 | Safety Device |  |  |  |
| 17.a | Over Temp Protection Device | ☐ Yes | ☐ No |  |
| 17.b | Over Press Protection Device | ☐ Yes | ☐ No |  |
| 17.c | Sterilizing Time Arrived Buzzer On | ☐ Yes | ☐ No |  |
| 17.d | Automatic reset function incoming power cut | ☐ Yes | ☐ No |  |
| 18 | Integrated vacuum system: Required | ☐ Yes | ☐ No |  |
| 19 | Interior construction: Integrated stainless-steel structure | ☐ Yes | ☐ No |  |
| 20 | Data transfer: RS232/RS 485/USB for external data transfer | ☐ Yes | ☐ No |  |
| 21 | Supplied with 2 nos of wire basket | ☐ Yes | ☐ No |  |
| 22 | Power: 220-240 V, 50-60 Hz | ☐ Yes | ☐ No |  |
| 23 | Chamber capacity: 25 L ± 10% | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within **04 weeks** after Purchase Order / Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP - Colombo, Sri Lanka. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Chief Medical Officer  Welikada Prison Hospital,  No. 148/6 Baseline Road, Colombo 09,  Sri Lanka | ☐ Yes ☐ No | Insert details |

# Form C: Technical Quotation Form - LOT 03: Ultra-sonic scalar machine

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Partially filled bids will not be considered and be disqualified at the Bid Evaluation.

**Technical specifications for goods – Comparative Data Table**

****

| **No** | **UNOPS Minimum Technical Requirements** | **Bidder's Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
|  | Make |  | | Mandatory to provide this information |
|  | Model |  | | Mandatory to provide this information |
|  | Country of Origin |  | | Mandatory to provide this information |
| 1 | Scalar Type : Piezoelectric Ultrasonic | ☐ Yes | ☐ No |  |
| 2 | Tip Frequency : around 30 kHz ± 2 kHz | ☐ Yes | ☐ No |  |
| 3 | Output Power: approx. 8W | ☐ Yes | ☐ No |  |
| 4 | Hand Piece: Detachable from the hand piece cord and autoclavable | ☐ Yes | ☐ No |  |
| 5 | Control of output power between the minimum and maximum and the control of water supply to the hand piece | ☐ Yes | ☐ No |  |
| 6 | Tips: 3 different types of scaling tip sets should be supplied with each unit (including endozoic tip). An additional 4 sets of above types should also be supplied with each unit | ☐ Yes | ☐ No |  |
| 7 | Foot Control Switch Should activate the scalar function | ☐ Yes | ☐ No |  |
| 8 | Output primary tip vibration excursion: ≤90μm | ☐ Yes | ☐ No |  |
| 9 | The unit shall operate on the power supply of 230V±10% 50 Hz | ☐ Yes | ☐ No |  |
| 10 | Should be FDA/CE marked and ISO13485 or ISO9001 certified | ☐ Yes | ☐ No |  |
| 11 | User/Technical/Maintenance manuals to be supplied in English. | ☐ Yes | ☐ No |  |
| 12 | Warranty: 12 months warranty from date of delivery at the final destination | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within **04 weeks** after Purchase Order / Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP - Colombo, Sri Lanka. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Chief Medical Officer  Welikada Prison Hospital,  No. 148/6 Baseline Road, Colombo 09,  Sri Lanka | ☐ Yes ☐ No | Insert details |

# Form C: Technical Quotation Form - LOT 04: Blood Pressure Apparatus (Android Tabletop)

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Partially filled bids will not be considered and be disqualified at the Bid Evaluation.

**Technical specifications for goods – Comparative Data Table**

****

| **No** | **UNOPS Minimum Technical Requirements** | **Bidder's Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
|  | Make |  | | Mandatory to provide this information |
|  | Model |  | | Mandatory to provide this information |
|  | Country of Origin |  | | Mandatory to provide this information |
| 1 | Android table top type sphygmomanometers used for measuring arterial blood pressure | ☐ Yes | ☐ No |  |
| 2 | Pressure Range - 0 to 300 mmHg | ☐ Yes | ☐ No |  |
| 3 | The metal parts shall be fabricated from brass, aluminium alloy, stainless steel or powder coated steel | ☐ Yes | ☐ No |  |
| 4 | The glass/ plastic parts shall be made of clear glass/clear plastic. Glass/plastic shall show no evidence of corrosion, scumming, chipping or cracking e.With clear dial, numbers, and face | ☐ Yes | ☐ No |  |
| 5 | Following accessories should be supplied with each unit in addition to the standard accessory set |  |  |  |
| 5.a | Rubber Bladder (Adult) - 2 Nos | ☐ Yes | ☐ No |  |
| 5.b | Velcro Cuff (Adult) - 2 Nos | ☐ Yes | ☐ No |  |
| 5.c | Air Release Valve (chromium plated metallic) – 2 Nos | ☐ Yes | ☐ No |  |
| 5.d | Inflator Bulb with metallic back valve - 2 Nos | ☐ Yes | ☐ No |  |
| 6 | Should be a CE / FDA Approved product and should comply with ISO 13485 or ISO 9001 standards | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within **04 weeks** after Purchase Order / Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP - Colombo, Sri Lanka. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Chief Medical Officer  Welikada Prison Hospital,  No. 148/6 Baseline Road, Colombo 09,  Sri Lanka | ☐ Yes ☐ No | Insert details |

# Form C: Technical Quotation Form - LOT 05: Microscope (Normal)

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Partially filled bids will not be considered and be disqualified at the Bid Evaluation.

**Technical specifications for goods – Comparative Data Table**

****

| **No** | **UNOPS Minimum Technical Requirements** | **Bidder's Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** |
|  | Make |  | | Mandatory to provide this information |
|  | Model |  | | Mandatory to provide this information |
|  | Country of Origin |  | | Mandatory to provide this information |
| 1 | Type: Compound trinoculer Microscope | ☐ Yes | ☐ No |  |
| 2 | Focus range: >15 mm | ☐ Yes | ☐ No |  |
| 3 | Stage: Stage: Double layer, >75x50 mm, >70-30 mm XY movement | ☐ Yes | ☐ No |  |
| 4 | Eye piece: Wide filed >10x18 mm | ☐ Yes | ☐ No |  |
| 5 | Nose piece turret: 5 position nosepiece with precision click stops | ☐ Yes | ☐ No |  |
| 6 | Objectives: 4x, 10X, 40X, 100X Phase Objective | ☐ Yes | ☐ No |  |
| 7 | Antifungal activity: The unit shall have anti-fungal coated optical lenses and certificate/manufacture confirmation should be attached | ☐ Yes | ☐ No |  |
| 8 | Condenser: Abbe condenser | ☐ Yes | ☐ No |  |
| 9 | Built-in Koehler illumination System should be available to obtain well resolved image | ☐ Yes | ☐ No |  |
| 10 | Camera: |  |  |  |
| 10.a | >6 M Pixel CMOS/CCD | ☐ Yes | ☐ No |  |
| 10.b | Ultra HD (4K) resolution or better | ☐ Yes | ☐ No |  |
| 10.c | Frame rate: >5/sec | ☐ Yes | ☐ No |  |
| 10.d | Interface: USB and SD card | ☐ Yes | ☐ No |  |
| 10.e | White balance: Required | ☐ Yes | ☐ No |  |
| 10.f | Video stream facility should be available with the camera | ☐ Yes | ☐ No |  |
| 11 | Power: Should have an external power supply unit | ☐ Yes | ☐ No |  |
| 12 | Standard Accessories Included | ☐ Yes | ☐ No |  |
| 13 | 01 (One) year standard warranty. | ☐ Yes | ☐ No |  |
| 14 | Should be FDA approved /CE (Conformity Europeans) marked and comply with EU safety standard | ☐ Yes | ☐ No |  |
| 15 | Manufacturers should have ISO 9001/13485 certification for quality standards. | ☐ Yes | ☐ No |  |
| 16 | Comprehensive training for lab staff/analyst. | ☐ Yes | ☐ No |  |
| 17 | User/Technical/Maintenance manuals to be supplied in English. | ☐ Yes | ☐ No |  |
| 18 | List of important spare parts and accessories with their part numbers with the price should be provided (cost should be valid for 3 years after installation date) | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within **04 weeks** after Purchase Order / Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP - Colombo, Sri Lanka. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Chief Medical Officer  Welikada Prison Hospital,  No. 148/6 Baseline Road, Colombo 09,  Sri Lanka | ☐ Yes ☐ No | Insert details |

# Form D: Previous experience form

RFQ reference no: RFQ/2023/45371

Name of Bidder: [insert name of Bidder]

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**75 00ax: +45 45 33 75 01**