**CERTIFICATE OF SITE ASSESSMENT**

This is to certify that:

 [Name/s] …………………………………………………………………………. …………………………………………………………………………………… Being the authorized representative/Agent of

[Name of Contractor/ Bidder] …………………………………………………………………………………… …………………………………………………………………………………… participated in the site assessment for civil works for construction of plinth for installation of Liquid Oxygen Tank (VIE) for RFP/CHAI-TZ-EAPOA-002/25 on ……………………………………… day of………………………20……………

 Signed:

(Name)……………………………………(Sign):………………………………

Designation ........................................... Stamp

Healthcare Facility.......................................................................

*NOTE: This form is to be completed during the site assessment.*