



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 Vacuum-
Insulated Evaporator (VIE) Tanks and Vaporizers for FP/CHAI-TZ-EPIC-001/25 on
..... day of.....20.....

Signed:

(Name).....(Sign):.....

Designation Stamp

Healthcare Facility.....

NOTE: This form is to be completed during the site assessment, then scanned and submitted with other documents.

Should be signed by the Hospital Representative.