

SUBMISSION FORM

For Office Use Only:

Allotted Number: _____ *Signature of Coordinator:* _____

Fill your Information below.

I. Type Of Entry (Select one):

- | | | | |
|--------------------|--------------------------|------------------------------------|--------------------------|
| Domestic Firm | <input type="checkbox"/> | Individual / Team of Professionals | <input type="checkbox"/> |
| International Firm | <input type="checkbox"/> | Institution | <input type="checkbox"/> |

II. Firm/Team Name: _____

III. Licensed by (Required only for firm): _____

IV. Name of Team Lead (Architect or Town Planner): _____

V. Registered with (Professional Body/Council): _____

VI. Registration Number of Team Lead: _____

VII. Team Members with Expertise (Optional):

NAME	EXPERTISE/PROFESSION
a)	
b)	
c)	
d)	
e)	
f)	
g)	

8. Submission Checklist:

- | | |
|---|--------------------------|
| 1. Duly Filled Submission Form | <input type="checkbox"/> |
| 2. License/registration of Team Lead (Architect/Town Planner) | <input type="checkbox"/> |
| 3. License of Firm (Only in case of firm) | <input type="checkbox"/> |
| 4. Executive Summary | <input type="checkbox"/> |
| 5. Drawings/Proposals (Deliverable 1 and 2) | <input type="checkbox"/> |
| 6. Final Report – Technical and Financial Feasibility (Deliverable 3 & 4) | <input type="checkbox"/> |

9. Signature of Team Lead: _____