



APPROVAL FORM FOR EXTENSION OF TIME (EOT) *

Work Details

Name of the Work	
Request number	
Name of the contractor	
Contract Agreement No	
Contract Start Date	
Contract End Date	

EOT No	
Date of Request of EOT by contractor	<i>A copy of notice by contractor for EOT should be enclosed with the form</i>
Reasons for initiating EOT	
As per schedule F, please state the escalation clauses applicable if EOT is granted	
Estimated amount to be paid extra to the contractor as per the escalation clauses if EOT is granted	<i>The methodology adopted and the calculations to work out the estimated amount should be attached as a sperate sheet</i>

Justification for EOT

<i>Please provide all the details to justify contractors claim for EOT and the recommendation of Engr. I/C</i>

Expected increase in contract amount if EOT is	Rs.
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granted					
Effect on date of completion		Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Unchanged <input type="checkbox"/>	By () days
Revised date of completion					
Details of previous EOT if any					
Sl. No	Date of Extension	No of days extended	Reason for extension		

 (Signature of Preparer)

_____/_____/_____
 Date: (dd / mm / yyyy)

Review and Comments/Special instructions/Recommendations

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 (Signature of Executive Engineer)

_____/_____/_____
 Date: (dd / mm / yyyy)

Review and Comments/Special instructions/Recommendations

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 (Signature of Head, IWD)

_____/_____/_____
 Date: (dd / mm / yyyy)

For Dean (IRI) Office Use

EOT Received before the expiry of completion date/revised completion date		Yes	No
If No, no of days delay in submission of EOT			
Checked	Passed		
Assistant/ Superintendent	Note:		OIC

Comments/Special instructions/Recommendations by PMEE / Internal Audit, if any

(Signature)

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by Dean (IRI), if any

[Signature of Dean (IRI)]

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by DDO (Drawing & Disbursing Officer), if any

(Signature of DDO)

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by Director, if any

(Signature of Director)

_____/_____/_____
Date: (dd / mm / yyyy)

Recorded	Sent for clarifications	yyyy-mm-dd	Clarifications Received	yyyy-mm-dd	Revision Recorded	Sent for further processing	yyyy-mm-dd
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Attach Extra Page if needed, in case of detailed Comments

- *A valid EOT form is required for all payments related to escalation clauses applicable for extension of time*