

Annex 1

Bid Submission Form

Iulaan No: (IUL)94-Q/94/2023/33

IMPORTANT: This sheet should serve as the front page of the proposal. If any bidder fails to submit the relevant information and bid documents stated in information sheet section 13, the bid will be rejected at the bid opening stage.

Bid Title: Maldives Immigration Office Cleaning

#	Description	Price (Monthly)	No of Months	Total Price
1	Maldives Immigration Office Cleaning		24	
GST (8%)				
TOTAL (MVR)				
Total in Words:				

Bidders Information:

Business Name: _____

Registration Number: _____

Address: _____

Contact Person: _____

Designation: _____

Contact No.: _____

Mail Address: _____

Checklist for documents submitted (please tick the appropriate box)

		Yes (✓)	No (x)
1	Bid Submission Form Completed		
2	Quotation		
3	Certificate of Registration (Company)		
4	Memorandum of Association (for companies)		
5	National Identity Card		
6	Certificate of Registration (Sole Proprietorship)		
7	Company Profile		
8	S.M.E Registration		
9	G.S.T Registration		
10	Past Experience Documents (Related to the bid)		
11	Tax Clearance Form		
12	Business Activity Registry (Sole Proprietorship)		
13	Bid Security (If the bid amount is greater than 500,000.00)		
14	Bank Statement		

Annex 02

މަސަލާ ތަކުގެ ތަފްސީލު

1. ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު:

- (a) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު (ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު)
- (b) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (c) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (d) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (e) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (f) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (g) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (h) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (i) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (j) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (k) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (l) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (m) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (n) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (o) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (p) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (q) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.
- (r) ފަދަ ސަފުހާ ތަކުގެ ތެރެއިން ފަދަ ސަފުހާތަކުގެ ތަފްސީލު.

Annex 04

"ދިވެހިސަރުކާރުގެ ގެޒެޓް"



MALDIVES IMMIGRATION

CLEANING CHECKLIST 2023

LOCATION: Maldives Immigration

Month: _____

Week: _____

DAILY	SUN	MON	TUE	WED	THU
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors/Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counters*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Tops*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chair*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Handles*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing Rack*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard/Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked by:					
Date:					

Weekly	SUN	MON	TUE	WED	THU	SAT
	Refrigerator		Display TV		AC Filters	Deep cleaning
Checked by:						
Date:						

Supervisor

Name: _____

Designation: _____

Contact: _____

Signature: _____