

6.12.17 Form Sys-17: Subcontractors/Manufacturers

Whomsoever It may Concern

We, M/s (Name of the End user) have procured (mention Quantity) numbers of Diesel Operated Relief and Rescue Vehicle with Rerailing & Rescue Equipment from M/s. (Name of the manufacturer) on (Contract Award date).

The Diesel Operated Relief and Rescue Vehicle with Rerailing & Rescue Equipment (mention Quantity) are in service since (DD-MM-YYYY).

The performance of Diesel Operated Relief and Rescue Vehicle with Rerailing & Rescue Equipment are found satisfactory.

Signature of the Authorized Person

Name of the customer

Name of the Authorized person

Designation of the Authorized person

City

State

Country

Phone number:

E-mail id of Authorized person

NOTE:

The Experience certificates can be submitted in any formats. It is bidder's responsibility to ensure that all the necessary information sought above are captured.

The system proposed by the Contractor shall be in line with requirements stipulated in Part 2 - ERTS.