**VOC PORT TRUST**

**CHECK LIST FOR ADMINISTRATIVE APPROVAL**

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| --- | --- | --- |
| 1 | Name of work  SAP Project Code |  |
| 2 | Brief description of work |  |
| 3 | Value of the work proposed |  |
| 4 | In the SAP Estimate the following rates are to be verified:-  i)Bitumen rates reviewed every three months  ii) Cement rates reviewed every three months  iii) Steel rates reviewed every three months  iv)Whether estimate proposed based on SOR / Budgetary offer / GeM / previous work order  v) If not by SOR, certificate that rate in SOR Not Available and also in GeM not available. Hence Budgetary offers called for.  Stated in Estimated Statement. | Yes/No  Yes/No  Yes/No  Yes/No  Yes/No |
| 5 | Whether bonus component has been included in the estimate in respect of purely man power annual contract | Yes/No |
| 6 | Location of work (Site location plan is to be attached) | Inside/Outside |
| 7 | The drawing for the proposal to be enclosed | Yes / No |
| 8 | If such work awarded in the past | Yes/No |
| 9 | If “Yes” please indicate   1. Estimate Value of previous tender 2. Year of award 3. Work order value 4. Period of Contract 5. Reasons for increase(Sl.No.3 with reference to Sl.No.8(i) |  |
| 10 | Specific direction/reference to take up the work is available as noted below: |  |
|  | 1. HOD meeting minutes 2. ISO – M.R. meeting minutes | Date Sl..No.  Date Sl..No. |
|  | Specific approval of Chairman to execute the work is required for | |
|  | 1. Port Users meeting minutes 2. Safety Committee Meeting minutes 3. Productivity Committee meeting minutes 4. Security Committee meeting minutes | Date Sl..No  Date Sl..No.  Date Sl..No.  Date Sl..No. |
| 11 | If the work is not covered under Sl.No.10 , above, furnish a brief justification for carrying out this work (approval of CPT/Dy.CPT is required with reference to the value of work) |  |
| 12 | Head of Account / Project Code under which the provision is available in the budget for this work | a)Plan/Non-plan/Revenue Project Code No:  b) Sl.No. of Budget book  c) Account code  d) Budget provision Rs.  e) Value of the proposal Rs. |
| 13 | If No Budget Provision / Less Provision re-appropriation sought in reference to S.No.11 | a) Amount Rs………..  b) From Account code:  c) Budget provision  for this code :Rs.  d) Expr. incurred upto date: |
| 14 | Competent Authority to accord administrative  Approval for this work   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  | | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | 1. Revenue / Plan or Non- Plan  2. Sl. No. \_\_\_\_ of Delegation of Powers  3. HOD / Dy.CPT/ CPT/ Board |

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**FINANCE DEPARTMENT**

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| 15 | Has the Finance Department checked the correctness of the information furnished at Sl.No.1 to 14 above with reference to the documentary evidence | YES/NO |
| 16 | Remarks/ Observations / Recommendations in respect of presents proposal | |
| 17 | To be booked to | Revenue/Plan or Non Plan |
| 18 | Sl.No. of Budget Estimate |  |
| 19 | Competent Authority to accord administrative approval for the proposal   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  | | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Sl. No. \_\_\_\_ of  Delegation of Powers  Dt:\_\_\_\_\_\_\_\_\_  HOD / Dy.CPT/ CPT/ Board |
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Approval of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requested to carry out the work of ...........................…………………………………………………………………at a cost of Rs........................ with reference to the proposal submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department vide checklist S.No.1 to 14 and Finance Department vetting from S.No.15 to 19.

**A.O.Gr.II/GrI/SR.AO DY.CAO/SR.DYCAO FA&CAO**