

हिन्दुस्तान पेपर कॉर्पोरेशन लिमिटेड
HINDUSTAN PAPER CORPORATION LTD
(A Government of India Enterprise)
75-C Park Street, Kolkata-700 016
Phone Nos. 91-33-2229 6901-02, 2249 6931/ 32/ 34/ 35
Fax No. 91-33-2249 7335/ 4996. Website: www.hindpaper.in

Expression of Interest (EOI)

Date: 10.05.2017

EOI Ref No: HPC/CHQ/SLHC/EMC/17-18/01 Dated 10.05.2017

Last date of submission: 25.05.2017 at 5.00 pm

Job Description: Event Management Company for leasing out space/lawn/community hall at Salt Lake Housing Complex for social functions like marriage, birthday, parties, sub-letting on rental/lease basis.

1. Sealed envelope (EOI) is invited from reputable, resourceful & technically qualified “**Event Management Company for leasing out space/lawn/community hall at Salt Lake Housing Complex for social functions like marriage, birthday, parties, etc**”.
2. The total areas of Salt Lake Housing Complex is **100 Katha (6696 sq.mt)** and location is given below:-
HPC HOUSING COMPLEX
HC-BLOCK, SECTOR-3
SALT LAKE
KOLKATA-700106
3. Each page of document should be signed under seal by a person competent to do so.
4. Interested parties may submit their Expression of Interest (EOI) in sealed envelope at the office of contact person as mentioned below by bid closing time as mentioned above.
5. Parties are required for furnish a brief project report indicating technical, commercial and financial plan.

Thanking you,

Yours Truly
For Hindustan Paper Corporation Ltd.

Dy. General Manager (Commercial)

GENERAL INFORMATION TO BE SUBMITTED IN THE FOLLOWING FORMAT
ALONG WITH EXPRESSION OF INTEREST

Sl No.	Particulars	Details
1.	Name of Firm	
2.	Address	
3.	Whether partnership / limited company / others	
4.	Name of the person to be contacted	
5.	Telephone No.	
6.	Fax No.	
7.	Email Address	
8.	PAN	
9.	Sales Tax / Service Tax No.	
10.	Audited Annual Account of last three years	
11.	Company profile and profitability	
12.	Name & address of the bankers	
13.	Details of annual turnover for the last 3 financial years certified by CA	
14.	Other Information, if any.	

Signature of the Authorized Person

Office Seal

Date: