

**OIL INDIA LIMITED**  
**(A Government of India Enterprise)**  
**CONTRACTS DEPARTMENT**  
**P.O. DULIAJAN – 786602, ASSAM**

**CORRIGENDUM-1**

**IFB NO. CDI5804P21**

This Corrigendum No. 1 dated 15.12.2020 to IFB No. CDI5804P21 for “Supply of Listed-I and Listed-III WCLs for various ancillary works in Civil Engineering Department at Duliajan and Moran Field” is issued to notify the following:

1. Bid Security / EMD as mentioned in NIT is **not applicable** for this tender. However, **all** the bidders shall be required to submit along with the technical bid a “Bid Security Declaration” accepting that if they withdraw or modify their bids during the period of validity, or if they are awarded the contract and they fail to sign the contract, or to submit a performance security within the deadline defined in the NIT, they will be suspended for a period of two years. This suspension of two years shall be automatic without conducting any enquiry.

Format for “Bid Security Declaration” to be submitted along with the technical bid, is enclosed herewith.

2. Amount of Performance Security as mentioned under Clause No. 2.0 (xiii) of Forwarding Letter of NIT is amended as under:

PERFORMANCE SECURITY: **3% of Annualized Contract value.**

**The amendments mentioned herein shall prevail over the contradictory clauses in the NIT.** All others terms and conditions of the Bid Document remain unchanged. Details can be viewed at [www.oil-india.com](http://www.oil-india.com).

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**SENIOR MANAGER – CONTRACTS (S)**

**BID SECURITY DECLARATION**

*(To be submitted on Bidder's Letter Head)*

**IFB No.:** \_\_\_\_\_

To:  
M/s. OIL INDIA LIMITED,  
CONTRACTS DEPARTMENT,  
DULIAJAN, ASSAM, INDIA, PIN - 786602.

We hereby accept that if we withdraw or modify our bid during the period of its validity or in the event of award of contract, we fail to sign the contract or submit performance security within the deadline as defined in the tender document, Oil India Limited will suspend us for a period of two years without conducting any enquiry.

For M/s \_\_\_\_\_ (name of the firm here)

Signature of Authorized Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Affix Seal of the Organization here, if applicable)