

**Indian Institute of Technology, Kanpur**  
**Office of the Dean of Infrastructure and Planning**

DOIP/IITK/2021/OO-04  
Date: 15/06/2021

OFFICE ORDER

Subject: Implementation of EOTC form for approval of extension of time for all works contracts

The EOTC Form, DOIP: 114 must be approved for before granting the extension of time for various institute works contracts executed through IWD.

The format for the form is attached as Annexure: A

This Office Order is issued with the approval of Competent Authority and is applicable with immediate effect.

This is for the necessary information to all concerned.



Dean of Infrastructure and Planning

Copy to:

1. Director
2. DY. Director
3. Registrar
4. Jt. Registrar, F & A
5. SE, IWD
6. Web master - for circulation among all concerned



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
Office of the Dean of Infrastructure & Planning

DOIP: 114

**Extension of Time of Contract Approval form**

**Work Details**

Name of the Work	
Request number	
Name of the contractor	
Contract Agreement No	
Contract Start Date	
Contract End Date	

EOT No	
Date of Request of EOT by contractor	<i>A copy of notice by contractor for EOT should be enclosed with the form</i>
Reasons for initiating EOT	
As per schedule F, please state the escalation clauses applicable if EOT is granted.	
If yes, provide an approximate amount to be paid extra to the contractor as per the escalation clauses if any	<i>The methodology adopted and the calculations to work out the estimated amount should be attached as a separate sheet</i>
If no and in case of delays from contractor, please state the amount to be levied as penalty as per agreement clauses	

**Justification for EOT**

*Please provide all the details to justify contractors claim for EOT and the recommendation of EIC*

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Expected increase in contract amount if EOT is granted	Rs.
Effect on date of completion	Increased by ( ) days
Proposed revised date of completion	

Executive Engineer	Name & Signature	Date
<i>Comments if any</i>		
Superintending Engineer	Name & Signature	Date
<i>Comments if any</i>		
ADPI 1/ADPI 2	Name & Signature	Date
<i>Comments if any</i>		
DOIP	Name & Signature	Date
<i>Comments if any</i>		
Dy. DIRECTOR	Name & Signature	Date
<i>Comments if any</i>		
DIRECTOR	Name & Signature	Date
<i>Comments if any</i>		

- A valid EOT form is required for all payments related to escalation clauses and for any payments with completion dates exceeding the agreement dates along with the copy of EOT issued to the contractor.