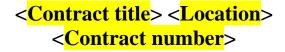
CONTRACTOR ASSESSMENT FORM FOR SUPPLY CONTRACTS (C 10)



1 CONTRACTOR

	Name(s) of firm(s)
Leader*	
Member 2*	
Etc *	

add / delete additional lines for members as appropriate. Note that a sub-contractor is not considered to be a member for the purposes of this assessment form. If this assessment is being completed for an individual contractor, the name of the contractor should be entered as '**Leader**' (and all other lines should be deleted)

2 EXECUTION PERIOD

From	< Date >	То	< Date >
------	----------	----	----------

3 PERFORMANCE RATING OF CONTRACTOR

Factor	Rating
Compliance of supplies with original Technical Specifications	
Ability to meet deadlines	
Quality of supplies	
Quality of after-sales service (if any)	
Quality of training (if any)	
Quality of other ancillary services (if any)	
Quality of customer relations	

Rating scheme 1 Excellent 2 Good 3 Average 4 Below average Unsatisfactory

4 PROJECT MANAGER

Name	
Signature	
Date	