Annexure VI B: PROJECT EXPERIENCE DETAILS for POs referred

Sl. No	Name of the Client	Client Segment (BFSI/ Others)	Date of Purchase Order	Date of Completion of Assignment	Date of Certification (If Applicable)	Name of Project Manager	Contact Person details of the Client (email id and mobile no.)	
1								
2								
3								
4								
5								

This is to certify that no correction / modifications have been done in this sheet and hardcopy matches exactly with softcopy that is being submitted.

For and on behalf of: _____ (BIDDER)

Authorized Signatory

Name:

Designation: _____

Office Seal: _____

Place: _____

Date: _____