

Receipt of Deposition of Original EMD

(Receipt No. Date.....)

1. Name of work : Construction of Shed at National Institute of Homeopathy(NIH) Herbal garden, Kalyani during 2026-27.
2. NIT NO. : **107/26/NIT/AE-II/EE-KOL-III/CPWD/2026-2027**
3. Estimated Cost : **₹ 5,71,174.00**
4. Amount of Earnest Money : **₹ 11,424.00**
deposit
5. Last date of submission of bid : **19.08.2026 upto 15:00 PM**

(* To be filled by Executive Engineer)

6. **Name of contractor** :
.....
7. **Form of EMD** :
8. **Amount of Earnest Money** :
deposit
9. **Date of submission of EMD** :

**Signature, Name and Designation
of EMD receiving officer (EE/AE/AAO)
along with Office stamp.**

Contact details of the Contractor:

- c) **Mailing Address –**
- d) **Contact phone/mobile No. –**
- c) **E-mail ID No. –**