

Lab :- \_\_\_\_\_

Dept.:- \_\_\_\_\_

**COLLEGE OF ENGINEERING,  
FARMAGUDI – GOA.**

Date:-    /    /20

Ref:- \_\_\_\_\_

**Comparative Statement**

Sr. No.	Item	Estimated cost	Qty	M/s.		M/s.		M/s.	
				Rate	Remarks	Rate	Remarks	Rate	Remarks

*Abbreviations :-* As per Specifications .....**APS**

Not As per Specifications .....**NAPS**

*P.T.O.*

**RECOMMENDATIONS :- FINAL RECOMMENDATION BY THE PROFESSOR IN CHARGE**

Name of the Firm	Item No.	Qty.	Rate	Amount	Recommendation

Professor In Charge Sign:-  
Name:-\_\_\_\_\_

Expert- I Sign:-  
Name:-\_\_\_\_\_

Expert- II Sign:-  
Name:-\_\_\_\_\_

Name of Lab.:-\_\_\_\_\_

**PURCHASE COMMITTEE RECOMMENDATION**

Chairman Sign:-  
Name:\_\_\_\_\_

HOD Sign:-  
Name:-\_\_\_\_\_

AAO Sign:-  
Name:-\_\_\_\_\_

SO Sign:-  
Name:-\_\_\_\_\_

Order Approval of Principal Sign:-  
Name:-\_\_\_\_\_