

Department of Industries&Commerce,  
GovernmentofAndhraPradesh

REQUESTFORPROPOSALFORSELECTIONOFCREATIVEAGENCYFOR MANAGING THE MEDIA,  
PUBLIC RELATIONS (PR) &DESIGNACTIVITIES FOR PARTNERSHIP SUMMIT 2018 (PS 2018) FOR  
DEPARTMENTOFINDUSTRIESANDCOMMERCE,GOVT.OFANDHRAPRADESH

Corrigendum/AddendumDated:12/12/2017

<b>BidItem</b>	<b>Existing</b>	<b>Revised</b>
Availability ofRFP document ontheofficialwebsite( <a href="http://www.apindustries.gov">www.apindustries.gov</a> )	10:00 AM, 05.12.2017 (Tuesday)	10:00 AM, 05.12.2017 (Tuesday)
Pre-Bid	11:00 AM, 08.12.2017 (Monday)	11:00 AM, 08.12.2017 (Friday)
Lastdate andtime for submission ofproposal	03:00 PM, 15.12.2017 (Friday)	03:00 PM, 19.12.2017 (Tuesday)
Date&timeforopeningofproposal	04:00 PM, 15.12.2017 (Friday)	04:00 PM, 19.12.2017 (Tuesday)
Date&timefortechnical presentation	11:00 AM, 21.12.2017 (Thursday)	11:00 AM, 21.12.2017 (Thursday)

## Appendix VI

### Power of Attorney (to be submitted on a 100 Rs. Stamp Paper)

Know by all men by these presents that \_\_\_\_\_ (Company Name) \_\_\_\_\_ registered under the provisions of Companies Act, 1956, and having its registered office located at \_\_\_\_\_, India (herein referred to as the "Company") hereby appoints \_\_\_\_\_, Son of \_\_\_\_\_ residing at \_\_\_\_\_, India in his capacity as \_\_\_\_\_ of the Company (herein referred to as the "Attorney") for the purposes stated herein:

The Attorney is hereby authorized to act on behalf of, and to represent the Company as follows:

To sign, represent and submit to \_\_\_\_\_ documents as required for participation of \_\_\_\_\_

To file, appear and represent the Company for participation of \_\_\_\_\_ before the office of \_\_\_\_\_

It is expressly understood that the Power of Attorney shall remain valid and binding till the submission of the required documents under \_\_\_\_\_

The Company hereby agrees to ratify and confirm all and whatsoever by said Attorney shall do lawfully or cause to be done by virtue of this Power of Attorney executed on \_\_\_\_\_

Signature of the Attorney

Name:

Designation:

For \_\_ (Company Name) \_\_

Name:

Designation:

Seal of the Company