

Name of the Procuring Entity : Catanduanes State University
 Name of the Project : Repair/Rehabilitation/Retrofitting/Renovation/Replacement and Expansion of Extension Services Building

**KEY PERSONNEL
 (SAMPLE FORMAT OF BIO-DATA)**

Give the detailed information of the following personnel who are scheduled to be assigned as full-time field staff for the project. Fill up a form for each person.

- 1. Name : _____
- 2. Nationality : _____
- 3. Education and Degrees : _____
- 4. Proposed Position : _____
- 5. Length of Service with the Firm : _____
- 6. Years of Related Experience for the proposed position : _____
- 7. List of Projects Handled : *(use additional sheet/s if necessary)*
 - Name of Project : _____
 - Name of Owner : _____
 - Type of Project : _____
 - Position : _____
 - Period of Assignment : _____

In the event that *[Name of the Bidder]* is awarded the contract for the Repair/Rehabilitation/Retrofitting/Renovation/Replacement and Expansion of Extension Services Building, I, firmly commit to assume the post of *[Designation]*.

 Signature of Key Personnel

KEY PERSONNEL'S AFFIDAVIT OF COMMITMENT TO WORK ON THE CONTRACT

1. I, _____ have committed my services for the position of _____ for
(Name of Professional/Individual) *(Key Personnel Position)*
 the Contract if it is awarded to the Bidder.
2. I, therefore, commit to assume the said position for the Contract once it is awarded to the Bidder, and I shall employ the best care, skill and ability to perform the duties of such position in accordance with the Conditions of Contract, Specifications, Drawings, and other provisions of the Contract Agreement. I am aware that I have to stay in the jobsite for the duration of the project.
3. I do not allow the use of my name to enable the Bidder to qualify for the Contract without my commitment to assume the said position, since I understand that to do so shall be a sufficient ground for my disqualification from this Contract and future biddings of the Catanduanes State University.
4. I submit, and certify as true and correct, the following information:
 - a. Name : _____
 - b. Date of Birth : _____
 - c. Nationality : _____
 - d. Profession : _____
 - e. PRC License No. and Date of Validity : _____
 - f. Employment Record and Work Experience relevant to the Project *(Please fill in the table below; use additional sheet(s) if necessary)*

<i>i. Project Name & Location</i>	<i>i. Project Description</i>	<i>i. Part of Project Handled</i>	<i>i. Start Date of the Project</i>
<i>ii. Project Owner's Name & Address</i>	<i>ii. Total Cost Project</i>	<i>ii. Cost of Part</i>	<i>ii. Completion Date of the Project</i>
<i>iii. Employer's Name & Address</i>			<i>iii. Total Period of Engagement to the Project</i>
<i>iv. Position</i>			
Completed Projects:			
On-going Projects:			

Name and Signature of Professional/Individual Committing to the Contract

(Date)

REPUBLIC OF THE PHILIPPINES)
 CITY/MUNICIPALITY OF _____) S.S.

SUBSCRIBED AND SWORN to before me this ___ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on ___ at _____.

Witness my hand and seal this ___ day of [month] [year].

NAME OF NOTARY PUBLIC
 Serial No. of Commission _____
 Notary Public for _____ until _____
 Roll of Attorneys No. _____
 PTR No. _____ [date issued], [place issued]
 IBP No. _____ [date issued], [place issued]

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of 2021 _____

Project Name: Repair/Rehabilitation/Retrofitting/Renovation/Replacement and Expansion of Extension Services Building
 Location: Catanduanes State University, Virac, Catanduanes

LIST OF EQUIPMENT, OWNED OR LEASED AND/OR UNDER PURCHASE AGREEMENT, PLEDGED TO THE PROPOSED CONTRACT

Business Name: _____
 Business Address: _____

Description	Model/Year	Capacity/ Performance/Size	Plate No.	Motor No./ Body No.	Location	Condition	Proof of Ownership/ Lessor/Vendor
A. Owned							
B. Leased							
C. Under Purchase Agreement							

Note: This list must be supported by proof of ownership, lease and/or purchase agreement. For lease and purchase agreement, such proof must include a certification of availability of equipment from the lessor/vendor for the duration of the project.

Submitted by: _____
 (Printed Name & Signature)
 Designation: _____
 Date: _____