SI#	Date	Time	Place	Units	Required technical facility and persons in each unit	Rate/unit
1	18-12-23	9:00am	Prabhatha		1) Full HD camera -4 (one of four camera to	
			yogam		provide video to mixer via wifi)	
					2) Full HD mixer Unit	
		11:00a	Pathanapuram		3) Multi view Monitor	
		m			4) Full HD recorder	
			Punalur	4 units	5) Talk back systems	
		3:00pm			6) 4 Camera persons	
			Kottarakkara		7) Online editor	
		4:30pm			8) Required Power back with UPS	
			Kunnathur		9) Helicam Mavic 3 Pro	
		6:00pm			10) Technical persons	
					Other accessories as per requirement	
2	19-12-23	9:00am	Prabhatha		1) Full HD camera -4 (one of four camera to	
			yogam		provide video to mixer via wifi ) )	
					2) Full HD mixer Unit	
		11:00a	Karunagappally		3) Multi view Monitor	
		m		4 units	4) Full HD recorder	
			Chavara		5) Talk back systems	
		3:00pm			6) 4 Camera persons	
			Kundara		7) Online editor	
		4:30pm			8) Required Power back with UPS	
			Kollam		9) Helicam Mavic 3 Pro	
		6:00pm			10) Technical persons	

## Form A2 : Rate for Video Documentation at the locations in Kollam district

					Other accessorie	s as per requi	rement	:	
3	20-12-23	9:00am	Prabhatha		) Full HD camer	a -4 (one of fo	ur cam	era to	
			yogam		provide video to mixer via wifi ) )				
				3 units	2) Full HD mixer Unit				
		11:00	Eravipuram		3) Multi view Monitor				
		am			4) Full HD recorder				
			Chadayamangalam		5) Talk back systems				
		3:00pm			6) 4 Camera persons				
					7) Online editor				
		4:30pm	Chathanoor		8) Required Power back with UPS				
					9) Helicam Mavic 3 Pro.				
					10) Technical persons				
					Other accessories as per requirement				
4	Rate for providing video footages of three days in 4 TB external hard disk (footages of fo								
	camera's , helicam footage and mixer out, including the cost of the hard disks).								
5	Any Other costs / taxes etc whatever if								
	applicable.								
	Total video documentation charges for				Rs				
	the Distr	rict (in fig	jures and words	(Rupees)					
	Name &	Address o	of the Firm/Studio						
	address	with PIN c	ode)						
	Name & Designation of the person with								
		o and e-m	•						
	•		N Card No.		GST	No.			
L									

*I declare that all the details furnished above are true to the best of my knowledge. I also understand that if any information is found false at any stage, I/my firm will be held responsible for that and my tender / quotation is likely to be rejected as decided by C-DIT.* 

Date: Person Seal & Signature of the Authorised