

Appendix 09 – Proposed partners

To,

Deputy General Manager

Date DD-MM-YYYY

HRM Department

Bank of Maharashtra

Lokmangal

1501, Shivaji Nagar

Pune

Maharashtra – 411005

Dear Sir,

Sub: HRMS Implementation Project at Bank of Maharashtra (RFP no. 4/2015)

Sr. No.	Product/Service	Name and Address of the Implementation and product/service partner	Details of Product/Service Offered	Version no. And date of release	Period upto which the support is available for the version	Existing customers using product/service (Any two)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.	Any other					
9.	etc.					

We hereby confirm that we have the necessary authority from the other consortium members to bid for the RFP that includes Products offered by the consortium members as above.

We shall be the single point of contact and solely responsible for the supply, installation, implementation, integration, support and maintenance for the entire project that includes the products/services offered by the other consortium members.

Authorised Signatory

Designation