

**ANNEXURE D**  
**CERTIFICATE REGARDING TECHNICAL QUALIFICATION**

(Refer Clause 3.2 (iii) of the RFQ)

*[On the letterhead of the statutory auditor/chartered accountant in practice/Entity in case of KMP]*

To,  
Delhi International Airport Limited  
Address: New Udaan Bhawan  
Opposite Terminal 3  
Indira Gandhi International Airport  
New Delhi - 110 037  
India

Date: [Insert]

Subject: Letter certifying that [insert name of Applicant/Affiliate of Applicant] possesses the following technical qualification with reference to the RFQ:

1. We confirm that [insert name of the Applicant ], the Applicant itself / through [insert name of the Affiliate of the Applicant], the Affiliate of [insert name of the Applicant ] (*delete whichever is not applicable*) is on the date of submission of the Application, is the majority owner and/or operator and/or developer of at least 1 multi-specialty hospital in India with a capacity of minimum 300 multi-specialty census beds (at a single unit), or at least 1 multi-specialty hospital outside India with a capacity of minimum 100 multi-specialty census beds (at a single unit), offering at least any three of the following four specialties – (i) cardiology, (ii) cardiothoracic surgery, (iii) neurosurgery and (iv) oncology, as on [insert the date of Application].

2. We further confirm that such multi-specialty hospital is [insert name of hospital], which has a capacity of [insert number of multi-specialty census beds] multi-specialty census beds (at a single unit) offering super specialty services in [cardiology, cardiothoracic surgery, neurosurgery and oncology], in [name of the country] as on [insert current date of Application].

3. The Applicant has a [JCI (Joint Commission International) accreditation/ insert name of other accreditation] (*delete whichever is not applicable*) related to healthcare operations. The copies of [JCI certification / insert name of other accreditation] (*delete whichever is not applicable*), duly certified by us is attached hereto.

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(Signature of Authorized Signatory)

Name of Authorized Signatory:

Designation of Authorized Signatory:

Registration number of the authorized signatory:

Place:

Name and Seal of the Firm

Acknowledged by:

For and on behalf of [insert name of the aforesaid of the aforesaid entity]

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(Signature of Authorized Signatory)

Name:

Designation:

Date:

*[Notes:1. The aforesaid signatory details will have to be suitably modified for Key Management Personnel.]*

*2. In case the applicant is relying on the Technical Qualification of its Affiliate to satisfy the Technical Qualification of the RFQ, the technical certificate as per Annexure D, will be issued by the statutory auditor/ chartered accountant in practice/ Key Management Personnel of the Affiliate and the Technical Qualification shall be counter certified by the Key Management Personnel of the Applicant by signing the copy of the technical certificate issued by the statutory auditor/ chartered accountant in practice/ Key Management Personnel of the Affiliate.]*

**ANNEXURE E**  
**CERTIFICATE REGARDING FINANCIAL QUALIFICATION**  
(Refer Clause 3.2 (ii) of the RFQ)

*[On the letterhead of the statutory auditor/chartered accountant in practice/Entity in case of KMP]*

To,  
Delhi International Airport Limited  
Address: New Udaan Bhawan  
Opposite Terminal 3  
Indira Gandhi International Airport  
New Delhi - 110 037  
India

Date: [Insert]

Subject: Certification of financial qualification of [insert name of Applicant/Affiliate] for submission of its bid for the development of a multi-specialty hospital near Indira Gandhi International Airport, Delhi, pursuant to Delhi International Airport Limited/'s Request for Qualification dated [insert] ("RFQ").

Sir,  
This is to certify that [insert name of Applicant/Affiliate] possessed the following financial qualification (with reference to the RFQ):

S. No.	Financial Qualification	Particulars
1.	Net Worth/ ACI as on 31 <sup>st</sup> March, 2022 or 31 <sup>st</sup> December 2021, as applicable/ adopted as the financial year (as per the latest audited annual financial statement)	

Sincerely,

\_\_\_\_\_  
(Signature of Authorized Signatory)  
Name of Authorized Signatory:  
Designation of Authorized Signatory:  
Registration number of the authorized signatory:  
Place:  
Name and Seal of the Firm

Acknowledged by:  
For and on behalf of [insert name of the aforesaid of the aforesaid entity]

\_\_\_\_\_  
(Signature of Authorized Signatory)  
Name:  
Designation:  
Date:

*[Notes:1. The aforesaid signatory details will have to be suitably modified for Key Management Personnel.*

*2. In case the applicant is relying on the Financial Qualification of its Affiliate to satisfy the Financial Qualification of the RFQ, the financial certificate as per Annexure E, will be issued by the statutory*

*auditor/ chartered accountant in practice/ Key Management Personnel (in case of funds) of the Affiliate and the Financial Qualification shall be counter certified by the Key Management Personnel of the Applicant by signing the copy of the financial certificate issued by the statutory auditor/ chartered accountant in practice/ Key Management Personnel of the Affiliate.]*

**ANNEXURE F**  
**CERTIFICATE FROM THE STATUTORY AUDITOR/CHARTERED ACCOUNTANT IN PRACTICE/ KEY MANAGEMENT PERSONNEL EVIDENCING RELATIONSHIP OF AFFILIATE**

*[On the letterhead of the statutory auditor/chartered accountant in practice/Entity in case of KMP]*

To,  
Delhi International Airport Limited  
Address: New Udaan Bhawan  
Opposite Terminal 3  
Indira Gandhi International Airport  
New Delhi - 110 037  
India

Date: *[Insert]*

Subject: Confirmation of the details of *[insert name of the Affiliate]*, an affiliate of *[insert name of the Applicant]*

Sir,

1. This has reference to the Request for Qualification issued by Delhi International Airport Limited regarding development of the GMR Aerocity Hospital Project near Indira Gandhi International Airport, Delhi dated *[insert]* (“RFQ”).
2. We confirm that *[insert name of the Affiliate]* is an Affiliate of *[insert name of the Applicant]* as per the definition of “Affiliate” provided under the RFQ.
3. A brief description of the facts by which we have concluded that *[insert name of the Affiliate]* is an Affiliate of *[insert name of the Applicant]* as per the definition of “Affiliate” provided under the RFQ are set out below or attached to this certificate:

*[Description to be incorporated by the statutory auditor/chartered accountant in practice/Key Management Personnel]*

*[delete whichever is not applicable]*

Sincerely,

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(Signature of Authorized Signatory)

Name of Authorized Signatory:

Designation of Authorized Signatory:

Registration/membership number of the authorized signatory:

Place:

Name and Seal of the Firm

Acknowledged by:

For and on behalf of *[insert name of the aforesaid of the aforesaid entity]*

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(Signature of Authorized Signatory)

Name:

Designation:

Date:

*[Note: 1. The aforesaid signatory details will have to be suitably modified for Key Management Personnel*

*2. This certificate shall be issued by the statutory auditor/chartered accountant in practice/Key Management Personnel (in case of fund) of the Applicant.]*