



**KERALASTATE COASTAL AREA DEVELOPMENT CORPORATION Ltd.
(KSCADC)**

(A Government of Kerala Undertaking)
'Makayiram', T.C 16/1709, Ulloor Lane, Near DPI, Jagathy,
Thiruvananthapuram – 14
Phone: 0471 2321520, Fax: 2323363
Email: kscadc@gmail.com Website: www.keralacoast.org

EXPRESSION OF INTEREST (EOI)

EMPANELMENT FOR MARKETING CONSULTANT

NB: Pls check that all the pages are intact in the document

EXPRESSION OF INTEREST (EOI)

Kerala State Coastal Area Development Corporation (KSCADC) is seeking Expression of Interests (EOI) from companies/firms with expertise in market development, execution and operations, assisting in advertisement and promotions and expansion of activities. The services of the firm will be utilized for the upcoming value added food chain outlets, Fish Maid and dry fish products, Drish of KSCADC.

- 1. Name of EOI: Empanelment for Marketing Consultant**
- 2. Download Period: 19-07-2014 to 12-08-2014**
- 3. Last Date & Time for Submission of EOI: 12-08-2014, 3.00 PM**

PROCEDURE FOR EMPANELMENT

EOIs are invited from all eligible and interested professional agencies for empanelment with Kerala State Coastal Area Development Corporation as per the following procedure:

- **Screening of EOIs as per eligibility conditions based on documents submitted**
- **Evaluation and short-listing of agencies based upon the criteria mentioned hereafter and documents submitted**
- **Presentation by short-listed agencies to selection committee for empanelment**

Pre Qualification Criteria for Marketing Consultant

- 1) The Company/firm should have at least three year experience in the relevant field.**
- 2) The company/firm should have proven credentials as consultants in the field.**
- 3) The Company/firm should have an eminent panel of experts who have in depth knowledge and expertise in the prescribed area of operations.**
- 4) The Company/firm should have at least a minimum turnover of Rs 50 Lakhs/annum for the past three financial years.**

SUBMISSION OF DOCUMENTS

The EOI document should be submitted along with documentary proof in a sealed envelope with "EOI for Empanelment for Marketing Consultant" Superscribed on it to

**Managing Director,
KeralaState Coastal Area Development Corporation,
Makayiram, T.C 16/1709,
Ulloor Lane, Near DPI, Jagathy,
Thiruvananthapuram – 14**

The envelope containing the filled form (with relevant enclosures) may be placed in the drop box provided at KSCADC, Head Quarters at Jagathy, Thiruvananthapuram or sent by speed post.

EVALUATION OF EOI's

- 1. Screening: KSCADC will undertake the initial screening of all the applications based on the qualifying criteria. Applicants not meeting any of the qualifying criteria and other essential conditions, etc., mentioned in the EOI document will be summarily rejected.**
- 2. First-stage short-listing: All the eligible applicants will then be evaluated on the basis of the documents submitted by them. The short-listed agencies will be called for making a presentation to a Selection Committee set up by KSCADC.**
- 3. Second-stage short-listing: The short-listed agencies will be required to make a presentation on the previous works done by your organization to the selection committee. The Committee will evaluate the agencies based on their Infrastructure/Offices, Existing Clientele, etc. after considering their presentation(s).**
- 4. KSCADC reserves the right to decrease or increase the number of empanelled agencies at any point in time. It reserves the right to get any work or any part of the work mentioned in the EOI from any other agency whether empanelled or not.**

FORM -I

| | | | | | |
|-----------|---|--------------------|----------------|----------------|----------------|
| 1 | Name of the Firm/agency | | | | |
| 2 | Mailing address | | | | |
| 3 | Phone No(s) | | | | |
| 4 | Fax No | | | | |
| 5 | e-mail | | | | |
| 6 | Website | | | | |
| 7 | Service Tax Registration No | | | | |
| 8 | PAN Card No | | | | |
| 6 | Contact Person | Name | | | |
| | | Designation | | | |
| | | Cell Number | | | |
| 7 | Year of commencement of business (please attach documents for proof) | | | | |
| 8 | Turnover (in Rs. Crore) | | 2012-13 | 2011-12 | 2010-11 |
| | | | | | |
| 9 | Districts in which the agency has fully operational office | | | | |
| | | | | | |
| | | | | | |
| 10 | Major clients | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |
| | | 5 | | | |
| 11 | Are you empanelled With other PSU/ Government clients | | | | |
| 12 | No of Government projects undertaken | | | | |

We hereby declare that all the information and statements made in this EOI are true and accept that any of our misrepresentations contained in it may lead to disqualification.

We hereby also declare that our company has not been debarred / blacklisted by any Government/ PSU/ SEMI Government bodies/ organizations.

Signature (Authorized Signatory):

Full Name:

Designation:

Address:

Date:

ANNEXURE-I

The firm should be able to provide market intelligence and competition advisory; edge via research and analysis, identify suitable investors/franchising model, planning and scheduling of business operations. This includes:

Market research, customer needs & sales potential

Potential competition; current successes and failures

Project team & critical path

Set budgets, objectives and timescales

Identify & refine potential franchisee or expansion strategy

Analyse peripheral risks (technical hurdles and IPR)

Constant review of product specification features; key USPs

Inputs for pricing and target production targets

Assign product literature & profile

High profile launch of the product

Brand extension activities, in line with core brand values

ANNEXURE-II

**LETTER OF AUTHORISATION FOR SIGNING OF EOI DOCUMENTS
(TO BE SUBMITTED BY AGENCY ON THEIR LETTERHEAD)**

**Authorization for signing of EOI Documents for
Empanelment for Marketing Consultant.**

Following person is hereby authorized to sign EOI documents for the EOI mentioned above on behalf of M/s. _____ (applicant) as the details given below:

Person/ Officer authorized for signing EOI documents:

Name & Specimen Signature

Signature: _____

Full Name: _____

Designation: _____

Address: _____

Date: