بسم الله الرحمن الرحيم

NATIONAL CENTRE FOR INFORMATION TECHNOLOGY

BUSINESS EXPERIENCE DATA FORM (ANNEX 4)

Bid Name	Development of Housing Request Management System VEHI		
Iulaan No		Date	

Instruction
- This form needs to be completed by the client.
- This form should be filled by a business user and an IT technical staff
- This form replaces the reference letter by the client and therefore should be filled, signed and stamped by the client organisation
- An original of this document must be submitted
- A print from a scan needs an accompanying email sent from the clients domain

System Name					
Project Cost (MVR)		Year		Duration	

Type of System	Please tick one
Is this a custom-built software for the organizations automation process?	☐
Is this a of the shelf software such as a word press website?	☐

Please rate the software as follows. Please Tick one per evaluation criteria
[0 = Failed] , [1 = Minimal Implementation],[2 = Somewhat captures the need],[3=Captures most of the need] ,[4 = Performs as intended],[5 =Has additional functionality that significantly improves the overall process]

Software evaluation	0	1	2	3	4	5
Does the software perform the functionality it was designed for (Scope)?	☐	☐	☐	☐	☐	☐
How well did the software speed up the business process?	☐	☐	☐	☐	☐	☐
How would you rate the overall impact of the software to the process?	☐	☐	☐	☐	☐	☐
How would you rate the ease of software as a user?	☐	☐	☐	☐	☐	☐

Developer evaluation	0	1	2	3	4	5
Timeliness	☐	☐	☐	☐	☐	☐
Recommendations	☐	☐	☐	☐	☐	☐

We hereby, declare that information and documents provided are true and valid, and I shall be responsible should there be any falsified information or documents.

On behalf of the business users		On behalf of IT Section		Stamp
Sign		Sign		
Name		Name		
Designation		Designation		
Email		Email		
Mobile		Mobile		
NID no		NID No		