OIL INDIA LIMITED
(A Government of India Enterprise)
P.O. Duliajan, Pin – 786602
Dist-Dibrugarh, Assam

CORRIGENDUM NO. 4 dated 09.06.2026 to GeM tender no. GEM/ 2026/ B/ 7523852 for HIRING OF SERVICE FOR SUPPLY, INSTALLATION AND COMMISSIONING OF CCTV SURVEILLANCE SYSTEM WITH COMPREHENSIVE ANNUAL MAINTENANCE CONSISTING OF EXPLOSION PROOF CAMERAS FOR OUTDOOR & HAZARDOUS ENVIRONMENT OF OIL & GAS SECTOR FOR LIVE VIEWING AND RECORDING.

This Corrigendum is issued to notify the following change:

1. The following clause is incorporated in Part III of Section II: Special Conditions of Contract (SCC) of the subject tender:

Mandatory Contractor's Obligations	Contractor shall ensure strict compliance to the following points (as applicable) during the entire tenure of the contract in addition to the terms and conditions of the contract: i. Issue of appointment letter to all its workers (as per the attached Annexure-WP) ii. Issue of Wage Slip on Monthly basis (as per the attached Annexure-WS) iii. Issue of Wages within 7th Day of the Month. (payment Proof) iv. No labour/personnel who has attained the age of 60 years or above shall be deployed for execution of the work.

2. Bid Closing & Opening date stands extended as under:

   (i) Revised Bid Closing Date & Time: 16th June 2026 [14:00 Hrs (IST)]

   (ii) Revised Technical Bid Opening Date & Time: 16th June 2026 [14:30 Hrs (IST)]

3. All others terms and conditions of the Bid Document remain unchanged. Details can be viewed at www.oil-india.com.

Annexure-WP

Letter of appointment to employee under clause (f) of sub-section (1) of Section 6 of Occupational Safety, Health and Working Conditions (OSH &WC) Code, 2020

(To be issued in English or Hindi and in local language)

Format for Appointment Letter

i. Name of employee:
ii. Date of birth:
iii. Father's / Mother's name:
iv. Aadhaar number (after obtaining consent):
v. Labour Identification Number (LIN) of the establishment:
vi. Universal Account Number (UAN) and / or Insurance Number (ESIC) (if available):
vii. Designation:
viii. Type of Employment (Regular/Fixed-term-employment/Contractual):
ix. Category of skill:
x. Date of joining:
xi. Wages/Basic/Pay and Dearness Allowance:
xii. Other allowance including accommodation whichever is/are applicable:
xiii. Applicability of social security [Employees' Provident Fund Organization (EPFO) and Employees' State Insurance Corporation (ESIC)] benefits:
xiv. Broad Nature of duties to be performed:
xv. Benefits available under chapter VI (Maternity Benefit) of Code on Social Security, 2020 (in case of women employee):
xvi. Any other information:

Signature / Digital Signature
Employer

Annexure-WS

FORM – VIII-C

(See rule 156)

Format for Wage slip

Date of issue:				
Name of the Establishment				
Address:.....			Period:.....	
1.	Name of the Employee:			
2.	Father's/Mother's/Spouse's Name:			
3.	Designation:			
4.	UAN:			
5.	Bank Account Number:			
6.	Wage period:			
7.	Rate of wages payable	a) Basic	b) D.A.	c) other allowances
8.	Total attendance/unit of work done:			
9.	Overtime wages			
10.	Gross wages payable			
11.	Total deductions	a) PF	b) ESI	c) Others
12.	Net wages paid			
*Employer/Pay-in-charge signature				

***Note: Required in case register is maintained physically.**