



Gauriganga Municipality
Office of Municipal Executive
Chaumala, Kailali



BILL OF QUANTITY (BOQ)

Project Name:- लिसौर टोलको अग्रो खोपकेन्द्र तथा सौचालय निर्माण र आधारभूत स्वास्थ्य केन्द्रमा सौचालय निर्माण
Location :- Gauriganga-05, Kailali

गौरगंगा नगरपालिका
नगर कार्यपालिकाको कार्यालय
चौमाला, कैलाली
सुदूरपश्चिम प्रदेश, नेपाल

(Handwritten signature)

अधिकृत *(Handwritten name)* १८३

S.N.	Descriptions	Quantity	Unit	In Figure		Amount	Remarks
				In Figure	In Words		
1.00	Earthwork Excavation for Foundation	4.71	cum				
2.00	Stone soling work in foundation and floors with supplying of approved quality of stone laying, ramming and levelling including filling in the joints	6.30	Cu. m.				
3.00	P.C.C (1:3:6) WORKS	3.45	cum				
4.00	Cement concrete (1:1.5:3) in deck slab and beam including supplying of materials and hauling distance of 30m and also including formwork	0.83	Cu. m.				
5.00	Stone masonry work (1:6) cemen sand mortar	6.87	cum				
6.00	Brick Masonry work in cement sand mortar of ratio 1:6 at all depth below and above plinth level with approved first class hand moulded chimney burrnt bricks in perfect line & level with bonds as instructed by the project incharge, including wetting the bricks packing the joints & curing all materials & labours complete as per Drawing,specifications & instructions.	3.85	cum				
7.00	TMT/ Tor Steel Reinforcement work for R.c.c. including supply, straightening, cutting, laying, bending & binding with G.I. wire as per design, drawing & specification & instruction of site engineer	114.50	Kg.				
8.00	Form Work For R.C.C. Work	9.37	sqm				
9.00	Sal wood chaukhat work	0.05	cum				
10.00	Door with sheet panel in wooden frame	2.55	sq.m				
11.00	12.5mm thick cement plasterwork 1:4 cement sand mixed ratio	242.30	sqm				
12.00	For painting work(two or more coat of waterproof paint with primer as per specification &instruction of site engineer)	244.83	sqm				
13.00	Two coat readymade enamel paint over one coat primer (Astar) on new surface	37.82	Sqm				
14.00	Steel work for Grill work as per specification to approved level, lines and dimensions, as per drawings, specifications and instruction of the Engineer. all complete	104.45	kg				



Gauriganga Municipality
Office of Municipal Executive
Chaumala, Kailali

BILL OF QUANTITIES (BOQ)

Project Name:- सिमौरा टोलको अग्रो खोचकेन्द्र तथा शौचालय निर्माण र आधारभूत स्वास्थ्य केन्द्रमा शौचालय निर्माण
Location :- Gauriganga-05, Kailali

गौरीगंगा नगरपालिका
कार्यपालिकाको कार्यालय
चौमाला, कैलाली
सुदूरपश्चिम प्रदेश, नेपाल

अधिकृत सातौं

F/Y:- 2082/083

S.N.	Descriptions	Quantity	Unit	₹ १७३		Amount	Remarks
				In Figure	In Words		
15.00	Door and window pannel work having wood size of 30mm*75mm and pannel size of 1.982m*1.07m as per specification to approved level, lines and dimensions, as per drawings, specifications and instruction of the Engineer, all complete.	11.43	Sqm				
16.00	20 mm thick cement plaster work in 1:6 cement sand mix ratio	48.45	Sqm				
17.00	3mm punning work	48.45	Sqm				
18.00	Conceiled Wiring	15.00	point				
19.00	Ceiling Fan	3.00	no.s				
20.00	Providing and laying Natural Gravel on Existing Surface	7.20	Cum				
21.00	Supplying and fixing Good quality Porcelain clay white glazed Wash Basin 20"x16" waste coupling with C.P. chain and rubber plug, . Pillar cock, PVC pipe connector ,Screw etc. as per specification and instruction of Engineer, all complete Counter	1.00	Nos				
22.00	Supplying and fixing Porcelain clay white glazed Pan Set Toilet with C.I. Brackets, 32 mm Dia. PVC Bottle trap as per specification and instruction of	2.00	Nos				
23.00	Supplying and fixing the C.P. soap dish	1.00	Nos				
24.00	Fixing/Laying 20mm dia CPVC Pipe With all necessary fittings.	8.00	Rm				
25.00	Fixing/Laying 32mm dia CPVC Pipe .With all necessary fittings.	2.00	Rm				
26.00	110mm PVC Pipe of 4 Kg/cm2	3.00	Rm				
27.00	75mm PVC Pipe of 4 Kg/cm2	2.00	Rm				
28.00	PVC 4" Bend	1.00	Nos				
29.00	PVC 4" "T"	1.00	Nos				
30.00	plastic tap	2.00	Nos				
31.00	Plumbing Installation Charge	1.00	l/s				
Total Amount							
Vat @13%							
Grand Total Amount							

IN WORDS:-

Authorized Signature :-.....

Name:-.....

Designation:-.....

Firm's Name:-.....

Office Seal:-.....

Date:-.....