PARTICULARS OF THE FORM TO BE FURNISHED FOR THE PURPOSE OF EMPANELING OF ARCHITECT/CONSULTANTS.

- 1. Name of the Architect/Organization
- 2. Address:
- 3. Year of Establishment
- 4. Status of the Firm:

(Whether Compony/firm/Proprietary)

5. Name of Directors/Partner/Proprietor:

- 6. Whether registered with the Registrar of Companies/Registrar of firms. If so mention number and date.
- 7. Name and address of Bankers

- 8. Whether registered under GST, if so mention number and date.
- 9. Whether an assesses of the Income Tax, if so, mention number and date.
- 10. Furnish copies of certificates of qualification/registration.

11. if you are registered in the panel of other organizations/statutory bodies/Banks etc to furnish their names category and date of registration.

12. What are your fields of activities Mention the fields on preference basis,

13. whether willing to work in anywhere in pune or mention the places you are willing to work.

14.

- a. Detailed description and value of works done of others in the past.
- b. Detailed description and value of works done for the Banks.
- 15. Specify the maximum value of work executed in a year.
- 16. Furnish the names of three responsible person who will be in a position to certify

about the quality as well as past performance of you/your organization.

PROFORMA 1

PARTICILARS IN RESPECT OF WORK EXECUTED

| SN | Nome of work/proj ect with address | Short prescriptio n of work executed | Nome & Address of owner | Value of work execute d | Stipulated Time off complicatio N | Actual Tlme of Completion | Remar ks |
|----|---|---|----------------------------------|----------------------------------|--|---------------------------------|-------------|
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PROFORMA - J

KEY PERSONELL PERMANENTLY EMPLOYED

| SN | Nome | Short prescription of work execufed | Designation | Qualification | Experience | Years wlth Firm | Any Other |
|----|------|--|-------------|---------------|------------|-----------------------|--------------|
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OTHER RELEVANT INFORMATION

| SN | Particulars |
|---------------|-------------|
| I. Work Force | |

Authority Signatory

PARTICULARS OF THE FORM TO BE FURNISHED FOR THE PURPOSE OF CONTRACTORS.

- 1. Name of the Contractor/organization:
- 2. Address:
- 3. Year of Establishment.
- 4. States of the Firm:

(Whether Company /Firm/Proprietary)

5. Name of Directors/ Partners/ Proprietor:

- 6. Whether registered with the registrar of Companies/Registrar of firms. If so mention number and date
- 7. a} Name and address of Bankers:
- 8. Whether registered for GST Purpose, if so, mention number and date.

Whether an assesse of income tax, if so mention Permanent Account 9. number.

- 10. Furnish copies of certification of qualification/registration.
- 11. If you are registered in the panel of other organization / statutory bodies/ Bonks, etc. to
 - i) li) iñ j
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12. What are your fields of activities? Mention the field on preference basis.

13. Whether willing to work anywhere in Pune done or Mention the places where youare willing to work

14. i)Detailed description and value of works done of others in the past.

ii) Detailed description and value of works done for the Banks.

5. Specify the maximum value of work executed in a year.

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16. Furnish the names of three responsible persons who will be in a position to certify about the quality as well as past performance of you/your organization.

PROFORMA 1

PARTICILARS IN RESPECT OF WORK EXECUTED

| SN | Nome of work/proj ect with address | Short prescriptio n of work executed | Nome & Address of owner | Value of work execute d | Stipula Time of compl N | Actual TIme of Completion | Remar ks |
|----|---|---|----------------------------------|----------------------------------|----------------------------------|---------------------------------|-------------|
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PROFORMA-2

KEY PERSONAL PERMANENTLY EMPLOYED

| SN | Name | Designation | Qualification | Experience | Years with Firm | Any othe |
|----|------|-------------|---------------|------------|--------------------|----------|
| | | | | | | |

OTHER RELEVANT INFORMATION

| SrNO. | Particulars |
|---------------|-------------|
| i) Work force | |

Authority Signatory