

**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 Company/Firm/Proprietary)

5. Name of Directors/Partner/Proprietor:

I.

II.

III.

6. Whether registered with the Registrar of Companies/Registrar of Firms. If so mention number and date.

7. Name and address of Bankers

I.

II.

III.

IV.

8. Whether registered under GST, if so mention number and date.

9. Whether an assessee 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.

I)

II)

III)

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

I.

II.

III.

IV.

13. Whether willing to work anywhere in Nagpur Zone or mention the places where 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.

1.

2.

3.



PROFORMA -1

PARTICULARS IN RESPECT OF WORK EXECUTED

SN	Name of work/project with address	Short prescription of work executed	Name & Address of owner	Value of work executed	Stipulated Time of completion	Actual Time of Completion	Remarks

PROFORMA -1

KEY PERSONELL PERMANENTLY EMPLOYED

SN	Name	Short prescription of work executed	Designation	Qualification	Experience	Years with Firm	Any Other

OTHER RELEVANT INFORMATION

SN	Particulars
1. 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. Status of the Firm:

(Whether Company /Firm/Proprietary)

5. Name of Directors/Partners/Proprietor:

i)

ii)

iii)

6. Whether registered with the registrar of Companies/Registrar of Firms. If so mention number and date

7. a) Name and address of Bankers:

i)

ii)

8. Whether registered for GST purpose, if so, mention number and date.

9. Whether an assessee of Income Tax, if so mention permanent account number.

10. Furnish copies of certification of qualification/registration.

11. If you are registered in the panel of other organization / statutory bodies/ Banks, etc. to

i)

ii)

iii)

iv)



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

i)

ii)

iii)

iv)

v)

vi)

13. Whether willing to work anywhere in Nagpur Zone or Mention the places where you are 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.

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

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.

i)

ii)

iii)



PROFORMA-1

PARTICULARS IN RESPECT OF WORK EXECUTED

SN	Name of work/project with Address	Short prescription of work Executed	Name & Address of owner	Value of work Executed	Stipulated Time of completion	Actual Time of completion	Remarks

PROFORMA-2

KEY PERSONAL PERMANENTLY EMPLOYED

SN	Name	Designation	Qualification	Experience	Years with Firm	Any other

OTHER RELEVANT INFORMATION

SL NO.	Particulars
i)	Work force

Authority Signatory

