APPLICATION FORMAT

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APPLIED FOR EMPANELM	IENT OF	::													
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ATEGORY (type f work)	∷ [l		NSUL	ANI	3/ (TACTO)K3 /	JUPI	LIEKS	, 		
,	L														
 Supply and maintend Air Conditioners Glow Sign Boards Fire Alarm, Burglar Alauto Dialer System CCTV Note Counting Machine 	larm,	•	Bate Fire Offi Pest	Extir ce Re t Con	for l nguisi eady l	JPS her Furnit				ervic	e Pr	ovide	rs fo • •	r:	
Class (if any)					A		/	В	/	•	C	/	D		
Demand Draft Details : Demand Draft No. ***********************************												ng Bai ****	nk : _		
1. Name of the Applicant :															
Address	: [
Local Address:	: [
Telephone No.															
Office	: [
Residence	: []	
Mobile	:						<u> </u>		<u> </u>]	
Fax	:							<u> </u>]	
E-Mail ID	: [<u> </u>								<u> </u>	Τ

۷.	a) Status of the Firm (WhetherCompany/Partnership /proprietary)																
	b) Name of the Proprietor/	Partr	ers/	Direc	tors :	(wi	th p	rofe	essi	onal							
	qualifications, if any)		,			(
	i)																
	ii)																
	iii)																_
	b) Year of establishment																
_	,																
3.	Whether registered with Reg	istrar	of Co	ompa	nies/	firm	. If s	o, N	lo.	& Da	ite :						
4.	Registration with Tax Authoriti	es:															
	(Furnish the latest copies of the Inc	ome 1	ax ret	urns f	iled)												
1.	Income-																
	tax No.																
	PAN/ GIR NO																
2.	Value Added Tax																
	No :																
3.	GST Regn. No :																
4.	Registration No. : (in case	of Arch	itects (or Prof	ession	al boo	lies)		I			1	_		
	in case of other consultants		1			I	1	_					I	1	7		
5.	a) Names of the Banke	rs wit	h ado	dress	:												
	i)																
			•	•										•		•	_
	ii)																7
	´ <u> </u>																 ⅃
	h)	4:£:	to for-	44	h.c	.l.a.											

b) Enclose solvency certificate from the bankers:

Enclosed

Not Enclosed

2. Turnover of the Company/firm

(Please attach copy of audited balance sheet and profit and loss account for three years).

Sl. No.	Year	Turnover
1	2017-18	
2	2016-17	
3	2015-16	

3. Registration with Government / Public Sector / Banks

NAME OF THE	VALUE OF	DATE OF	
ORGANISATION	NATURE OF WORKS	WORKS	REGISTRATION

8.	What are your fields of Core Competence?	Mention the fields on preference Basis
	1)	

2)

3)

Note: Copies of satisfactory completion certificate obtained from the client

9. Details of the works executed during the last 5 years

_	(please mention only such w	vorks which qualifies for eli				
	If work left incomplete or complete or terminated (furnishreasons)					
	Actual time for completion					
	Stipulated time for completion					
client	Actual Value of the works					
i from the	Location of the work					
icate obtainec	Nature of work (in brief)					
npletion certifi	Work (name of the organization with address, concerned office & telephone no.					
 Copies of satisfactory completion certificate obtained from the client 	Name of Work					
: Cop	SI. ON .	1.	2.	3.	4.	5.

10. Key personnel permanently employed in your organization:

SI No.	Name	Qualifi- cations	Experience	Particulars of work done	Employed in your firm since	Mobile No / Contact No.
1						
2						
3						
4						
5						

11. Furnish the names of three responsible clients/ persons to whom the major works carried out by the applicant with address and telephone number who will be in a position to certify about the quality as well as past performance of your organization.

DECLARATION

- 1. All the information furnished by me / us here above is correct to the best of my knowledge and belief.
- 2. I / we have no objection if enquiries are made about the work listed by me / us in the accompanying sheets / annexures.
- 3. I / We agree that the decision of CANARA BANK in selection of contractors will be final and binding to me / us.
- 4. We have read the instructions appended to the proforma and I / we understand that if any false information is detected at a later date the empanelment shall be cancelled at the discretion of the bank.

Place:	SIGNATURE OF
	CONTRACTOR

Date:

NAME & DESIGNATION

SEAL OF ORGANISATION

CHECKLIST (To be filled by Applicants)

1.	Have you mentioned the category for which you have applied in the application form?	Yes	No
2.	Have you signed in all the sheets?	Yes /	No
3.	Whether copy of PAN/VAT/GST Registration copy is enclosed?	Yes /	No
4.	Whether requisite application fee by cash/DD is paid?	Yes /	No
5.	Whether enclosed Audited Balance Sheet?	Yes	No
6.	Whether enclosed proof for year of establishment?	Yes /	No
7.	Whether proof for average annual financial turnover enclosed?	Yes /	No
8.	Whether documentary proof for having undertaken the works is enclosed?	Yes /	No
9.	Whether proof of OEM/Dealership Certificate submitted?	Yes	No
10.	Whether solvency certificate from nationalized / scheduled Bank submitted?	Yes	No
	If yes, No. of certificates enclosed		

FOR OFFICE USE ONLY

1.	NAME OF T	HE AGENCY	:		
2.	CATEGORY	& CLASS OF WORK F	OR WHICH EMPANELEI	MENT IS SOUGHT	
3.	VIEWS OF EMPANELE COMMITTE				
4.	REASONS F IF ANY	ORREJECTION			
5.	RECOMM	ENDED STATUS	Reco	ommended for Empanelme	ent
			Not Red	commended for Empaneln	nent
		SIGNAT	TURE OF COMMITTEE N	MEMBERS	
	ember 1	Member 2	Member 3	Member 4	Member 5