

JAWAHAR NAVODAYA VIDYALAYA, CHIKKAJOGIHALLI, DIST- BELLARY
TECHNICAL BID (CHECK LIST) FOR THE TENDER FOR THE YEAR 2017-18

SL.NO	PARTICULARS	REMARKS									
1	Name of the Proprietor										
2	Name of the firm										
3	Full Address of the firm with PIN Code.	<p>-----</p> <p>-----</p> <p>-----</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>P</td> <td>I</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	P	I	N						
P	I	N									
4	Contact No. with STDCode and Mobile No.	Tele No. _____ Mob No. _____									
5	Firm Registration Certificate No. and Valid Up to with No. (Enclose copy)	Reg. No. _____ Valid up to : _____									
6	Income Tax/ PAN No(Enclose copy)	PAN No. _____									
7	Sales Tax / VAT No (Enclose copy)	TAX No. _____									
8	Details of EMD	Rs. _____ DD No. _____ Date : _____ Bank Name : _____									
9	Firm Bank A/c No. (Enclose Pass Book Copy)	YES / NO									
10	Tender Form Terms and Condition (Signed copy should be enclosed- 4 Pages)	YES / NO									
11	Rate List (Filled in all respect & Signed with Firm Rubber Stamp should be enclosed) (Please don't make any corrections/overwriting)	YES / NO									
12	Experience in Tender (Copy of Supply order/Contract Agreement may be enclosed)	YES / NO									
13	Financial capacity of the tenderer	Audited Balance Sheet for the year 2016-17 Annexed : Yes/No <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Financial Year</th> <th>Turnover</th> </tr> </thead> <tbody> <tr> <td>2016-2017</td> <td></td> </tr> </tbody> </table>	Financial Year	Turnover	2016-2017						
Financial Year	Turnover										
2016-2017											

14	Submitting of Product Prospectus/ Brochures/Samples of _____ as per list & specifications. (where applicable).	Yes / No
15.	Registration Certificate for the manufacturing item (IF APPLICABLE) (Certified copies of registration certificates must be enclosed)	(a) SSI Registration Certificate : Yes/No (b) NSIC Registration Certificate/DGS&D : Yes/No (c) Valid Certificate issued by any Govt. authority : Yes/No If yes, the Name of the authority
16.	Copy of ISO : 9001:2000 Certificate (IF APPLICABLE)	Number and date of certificate (a) Certificate No..... Dt. (b) Name of the issuing authority : (c) Valid upto..... (d) Attested copy of the certificate Annexed : Yes/No

Signature of Tendered
Affix Firm Address Seal