

IWAHAR NAVODAYA VIDYALAYA, CHIKKAJOGIHALLI, DIST- BELLARY
TECHNICAL BID (CHECK LIST) FOR THE TENDER FOR THE YEAR 2018-19

SL.NO	PARTICULARS	REMARKS				
1	Name of the Proprietor					
2	Name of the firm					
3	Full Address of the firm with PIN Code.	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> PIN </div>				
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 2017-18 Annexed : Yes/No <table border="1" style="width: 100%;"> <tr> <th>Financial Year</th><th>Turnover</th></tr> <tr> <td>2017-2018</td><td></td></tr> </table>	Financial Year	Turnover	2017-2018	
Financial Year	Turnover					
2017-2018						

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