

Tender Form

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| 1 | Name of the Firm/Agency | |
| 2 | Address of the Firm/Agency | |
| 2(a) | Email ID | |
| 3 | Name of the authorized signatory, if any (IN BLOCK LETTERS) | |
| 4 | Telephone/Mobile number of authorised signatory Firm/Agency | |
| 5 | Draft number, Name of the Bank and date of the EMD of Rs.25,000/- submitted by the firm/Agency | |
| 5(a) | Draft No./Receipt No. of tender document fee | |
| 6 | Service Tax Registration No. (Furnish photocopy of service Tax No.) | |
| 7 | VAT No. (furnish Photocopy) | |
| 8 | PAN No.(furnish Photocopy of PAN) | |
| 9 | Major Clients of the firm /Agency with whom similar work orders/contracts for printing made (furnish photocopies of the work order/contracts) | |
| 10 | Please attach copy of the Balance Sheets for the FY 2011-12 and 2012-13 duly audited by the Chartered Accountant | |
| 11 | The agency shall have to submit an undertaking that the agency has never been black listed by any Government Department. | |
| 12 | Whether all documents submitted signed by the authorized signatory of the firm/agency | |
| 13 | Rates Offered | |
| | Register – I Samooch Baithak ki Karyavai, etc. | |
| | Register – II General Ledger, Cash Book, etc. | |
| | Voucher Books (SHGs) | |
| | Receipt Books (SHGs) | |
| | Voucher Books (VOs) | |
| | Receipt Books (VOs) | |
| | Songs Book | |

DECLARATION

I/we hereby certify that the terms and conditions given with the tender notice have been read carefully and acceptable to me/us and will be binding upon me / us in the event of acceptance of my / our tender and that the information furnished above is full and correct to the best of my/our knowledge. I/ we understand that should I / We fail to execute the work order released by HSRLM in case our bid is accepted, I / We hereby agree that the above sum of earnest money shall be forfeited by the Chief Executive Officer, Haryana State Rural Livelihoods Mission and further in case of any deviation in the above statement at any stage, the firm/agency will be blacklisted by your office and will not have any dealing with your office in future.

Place:

Date:

(Signature of the authorized signatory)

Seal