**Annexure/form I – Details of Applicant**

|  |  |
| --- | --- |
| **Name and Details of the Applicant and Authorized Representative:** | |
| Name of Organization/Institution |  |
| Registered/Head Office  Address |  |
| Phone Numbers |  |
| Fax Number |  |
| Mobile Number |  |
| Email |  |
| Website |  |
| Name of Authorized  Representative |  |
| Designation |  |
| Mobile |  |
| Email |  |

For and on behalf of: (Company Seal)

Signature: Name: Designation:

(Authorized Representative and Signatory)

**Annexure/form II – Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Basic Requirements** | **Specific Requirements** | **Documents / Details Required** | **Format Reference** | **Availability (Yes / No)** | **Page No** |
| **1.** | Registration | The organization should be a legally registered entity - the individual, proprietary firm/ firm in partnership/ Pvt. limited company / Society. etc | Registration |  |  |  |
| **2.** | PAN | Valid PAN No in the name of the organization | PAN |  |  |  |
| **3.** | GST | Valid GST in the name of organization | Photocopy of the Document |  |  |  |
| **4.** | Owner/ Proprietor | With relevant experience | Format IV |  |  |  |
| **5.** | Details of team members | The organization should have desired number of experts with relevant expertise | Format V |  |  |  |
| **6.** | Undertaking | To declare that the applying organization is not Black listed anywhere in India. | Self-Declaration in prescribed Format |  |  |  |
| **7.** | Demand Draft  (Must kept inside a separate envelope) | DD of Rs. 10,000/- (ten Thousand Only) against Proposal Fee which is non-refundable, issued by any nationalised bank in favour of **Registrar, Chhattisgarh Swami Vivekanand Technical University** payable at Bhilai | Details of DD:  DD No.  Date of Issue  Issuing Bank Name  Amount | |  |  |

**Annexure/form – III** **Profile of Organization**

|  |  |
| --- | --- |
| **Legal Constitution of Applicant**  **(Registered Private Limited/ Public Limited Company/ Registered Society/Trust/ Association/ Trade Body/ Registered Educational Institution/ University/**  **Partnership Firm)** | |
| Type of the Applying Entity |  |
| Name of Registering Authority |  |
| Registration Number |  |
| Date of Registration |  |
| Place of Registration |  |
| Registered to operate in PAN India/ State/s (In case of states – mention the names of all states) |  |
| PAN No of Organization |  |

For and on behalf of: (Company Seal)

Signature:

Name:

Designation:

Note:

1. Please provide copy of the registration certificate from the appropriate Registering Authority.
2. Please provide copy of PAN Card.

**Annexure/form – IV** **Profile of Owner / Proprietor**

Signature

|  |  |
| --- | --- |
| **Name** | Paste Recent Passport Size Photograph |
| **Date of Birth** |  |
| **Educational Qualification** |  |
| **Total Year of Experience** |  |
| **Contact No** |  |
| **Email** |  |

**Summary of Professional Qualification/Technical Expertise/Experience (100 words)**

|  |
| --- |
|  |

**Personal Detail & Qualification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | Year of Passing | Degree / Certificate | School/College Name/ | Board/ University Name | City | State |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | From (Date) | Till (Date) | Duration (in Years) | Position Held | Project Perused | Employer Name & Address |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Projects Completed/ongoing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SN | Project Perused | Project Description | Sector | Duration (in Years) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**I hereby solemnly declare that the above mentioned information is true to my knowledge & belief.**

**Date:**

**Place: Signature**

**Annexure/form – V** **Profile of Team Members**

|  |  |
| --- | --- |
| **Name**  Signature | Paste Recent Passport Size Photograph |
| **Date of Birth** |  |
| **Educational Qualification** |  |
| **Total Year of Experience** |  |
| **Contact No** |  |
| **Email** |  |

**Personal Detail & Qualification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | Year of Passing | Degree / Certificate | School/College Name/ | Board/ University Name | City | State |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | From (Date) | Till (Date) | Duration (in Years) | Position Held | Project Perused | Employer Name |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**I hereby solemnly declare that the above-mentioned information is true to my knowledge & belief.**

**Date:**

**Place: Signature**

Note: Please attach resume with project description and duly signed by the same person.

**Annexure/form – VI**

|  |  |
| --- | --- |
| **Address of Head Office** |  |
| **Contact No.** |  |
| **Fax Number** |  |
| **Email** |  |
| **Website** |  |
| **Address of Office in Chhattisgarh** |  |
| **City** |  |
| **District** |  |
| **Pin Code** |  |

For and on behalf of: (Company Seal)

Signature:

Name:

Designation:

**Annexure/form – VII** **FORMAT OF UNDERTAKING**

FORMAT OF UNDERTAKING, TO BE FURNISHED BY ORGANIZATION HEAD WITH REGARD TO BLACKLISTING/ NON- DEBARMENT, BY ORGANISATION UNDERTAKING REGARDING BLACKLISTING / NON – DEBARMENT

To,

The Registrar

CSVTU, Newai, P.O. Newai, Dist. Durg, PIN 491107

We hereby confirm and declare that we, M/s --------------------------------------------, is not Blacklisted/ De-registered/ Debarred by any Government department/ Public Sector Undertaking/ Private Sector/ or any other agency for which we have Executed/ Undertaken the Works/ Services since the establishment of our organization.

For and on behalf of: (Company Seal)

Signature:

Name:

Designation: