



Application for Supplier Firm Selection

1. Firm Name:
2. Head Office Address:
Telephone: Fax:
Email:
3. Responsible Person
Position
Telephone..... Mobile: Fax:
Email:
4. Firm Registration No. Registered Office.....
Date:
5. PAN/VAT Registration No..... Date:
6. Business Type/Purpose:
7. Financial Situation of Last Three Years. (Attach Audited Report of three years)
Information from Balance Sheet

Fiscal Year	1 (.....)	2 (.....)	3 (.....)
Total Assets			
Total Liabilities			
Net Worth			
Current Assets			
Current Liabilities			

Information from Income Statement

Fiscal Year	1 (.....)	2 (.....)	3 (.....)
Total Revenues			
Profit Before Tax			
Profit After Tax			

Financial Resources (Add if Required)

No.	Source of Financing	Amount

Note: The letter from the bank must be unconditional

(Handwritten Signature)
१०/०८/००
वजी बर्देवा
निमित्त प्रमुख



8. Human Resources Capability

S.N.	Name	Position	Qualification (Must submit Certificate copy)*	Experience (Year)
		Manager		
		Account/Sales/Marketing		
		Engineer/Sub Engineer /Mechanics		

*Attach C.V and certificate otherwise will not be considered for evaluation.

9. Rate and details of the Equipments that the firm can supply as of annex-2 (Attach the relevant catalogs, specifications)

Brief Specifications of Equipments

S.N.	Name of the equipments	Brand	Model	Power, HP	Per Unit Cost(Including VAT and TAX)		Free Spare Parts including Tool Box	No. of Free Servicing after sales
					Rate in Figures	Rate in Words		

10. Availability of Equipments that the firm can supply (For one FY)

S.N	Name of the equipments	Brand	Model	Available in Stock (No.)	Quantity that can be supplied in one FY	Rate in Figures	Total Amount (NRs)*

*Please submit deposit voucher or bank guarantee of 2.5% of the total amount (N.Rs.) that the firm can supply in one FY. If not submitted the firm will not be eligible for evaluation.

11. Availabilities of Spare Parts (Attach separate sheet if required)

S.N.	Parts Name	Quantity	Unit Rate in figures	Amount

Total Spare Parts available in NRs..... (must be quoted for evaluation purpose)

27/10/2016
20/10/2016
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12. Dealer, Branches and Distributaries in the country

S.N.	Name	Address	Contact Person	Email	Telephone	Mobile

Submit copy of dealership agreement with firm registration, PAN or VAT registration otherwise will not be considered for evaluation.

13. Service Centers

S.N.	Name	District	Types of Service Available (Routine/Regular? Engine Overhaul)	Address	Contact Person	Email	Telephone	Mobile

14. Professional Experience

15. Specific Experience (Please submit supporting documents)

I, hereby, declare that the above submitted information are true and correct based on relevant documents and our knowledge and we are not ineligible to participate in the expression of interest, has no conflict of interest in the proposed procurement proceedings and has not been punished for the pro fission or business related offence.

Office Stamp

(Signature of Authorized Person)
Name:.....
Position:.....

Handwritten signature in red ink
देवी बर्देवा
निमित्त प्रमुख