

FORM 'E'**STRUCTURE AND ORGANISATION**

1. Name and address of the applicant
2. Telephone No./Fax No/E-Mail address.
3. Legal Status (attach copies of original document defining the legal status)
 - (a) An Individual
 - (b) A proprietary Concern
 - (c) A Firm in partnership
 - (d) A Limited Company or Corporation.
4. Particulars of registration with various Government bodies (Attach attested photo-copy)
 - a) Registration Number.
 - b) Organization / Place of registration
5. Names and Titles of Directors and officers with designation to be concerned with this work with Designation of individuals authorized to act for the organization.
6. Was the applicant ever required to suspend works for a period of more than six months continuously after commencement of works. If so, give the name of the project and give reasons thereof.
7. Has the applicant or any constituent partner in case of partnership firm/ Company, ever abandoned the awarded work before its completion? If so, give the name of the project and give reasons thereof.
8. Has the applicant or any constituent partner in case of partnership firm / Company, ever been debarred/black listed for tendering in any organization at any time? If so, give details:
9. Has the applicant or any constituent partner in case of partnership Firm or any Director in case of a Company or any criminal proceedings presently pending, ever been convicted by a court of law? If so, give details.
10. In which field of interior, Furniture and Furnishing works, you can claim specialization and interest
11. Any other information considered necessary but not included above.

SIGNATURE OF APPLICANT(S)

FORM E-1

DETAILS OF KEY TECHNICAL AND ADMINISTRATIVE PERSONNEL EMPLOYED BY THE FIRM / COMPANY

| SL NO | Designation | Total Number | Names | Qualification | Professional Experience | Length of continuous service with employer |
|-------|-------------|--------------|-------|---------------|-------------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Note : additional information about Technical personnel , if any , may be submitted on separate sheet.

Signature of Applicant(s)

FORM -F

DETAILS OF **TOOLS** PLANT AND EQUIPMENT LIKELY TO BE USED IN CARRYING OUT THE WORK.

| SL NO | Name of the Equipment/ Instrument | Nos | Capacity or Type | Age | Condition | Ownership status | | | Current location | Remarks |
|-------|--------------------------------------|-----|---------------------|-----|-----------|------------------|-----------------|--------|------------------|---------|
| | | | | | | Presently owned | To be purchased | Leased | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 2 | | | | | | | | | | |

SIGNATUE OF APPLICANT(S)

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PROFORMA ON ISO CERTIFICATION
(If available)

1. Year of Certification
2. Name and Address of Certifying Agency
3. Name of Management Representative
4. Validity of Certificate

Note : Attested copy of certificate

SIGNATURE OF APPLICANT(S)