

## EMPANELMENT PROFORMA

Summary and Contact Information:		
Name of Proponent Agency		
Name of Contact Person for this Empanelment application		
Address		
Name of the Authorized Signatory		
Phone & Fax		
Email Contact		
Status of the applicant: Proprietary concern/Partnership firm/Ltd. Company/Other (Documentary proof to be enclosed)		
Detail profile of the Applicant/Vendor (To be enclosed in own letterhead duly signed & sealed)		
Empanelment fee details		
CST/TIN/VAT No. (Copy to be furnished)		
PAN No. (Copy to be furnished)		
Service Tax Registration No. if any (Copy to be furnished)		
Turnover of the company/firm: (Please furnish documentary evidence)	Financial Year	Turn Over
	2014-15	
	2013-14	
	2012-13	
Particulars in respect of work experience Please furnish copy of Work Order and Completion Certificate		
Remarks if any		

## DECLARATION

I / We..... (Names of proprietor(s) / partners or shareholders) hereby declare that the information provided in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney.

2. I / We also hereby declare that all matters related to Guwahati Biotech Park shall be treated as

confidential and no information shall be passed on to any unauthorized person without written permission of the Competent Authority.

3. Smti/Shri..... whose signatures are appearing below, is / are the authorized representative(s) of the firm.
4. I / We also undertake the responsibility to communicate all subsequent changes in the constitution or working of firm, affecting the accuracy of the facts, stated above.
5. I / We assure that if empanelled, the firm will serve the Institute for a minimum period of one year.
6. I / We have read and understood all the "Terms and Conditions" of Guwahati Biotech Park as mentioned in this document and consciously agree to aEOIe by them.

Signature of Partners / Proprietors: .....

Signature of Authorized representative of the firm: .....  
Date (with Firm's Seal):

Authorized Signature of Vendor/Supplier with Date and Stamp