APPENDIX-II

EMPANELMENT PROFORMA

| Summary and Contact Information: | TI ROI ORWA | |
|---|-------------------------------|-----------|
| 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 | | |
| GST No. | | |
| (Copy to be furnished) | | |
| PAN No. | | |
| (Copy to be furnished) | | |
| Turnover of the company/firm: | Financial Year | Turn Over |
| (Please furnish documentary evidence) | 2016-17 2017-18 2018-19 | |
| Particulars in respect of work experience | | |
| Please furnish copy of Work Order and | | |
| Completion Certificate | | |
| | | |
| Remarks if any | | |
| | | |

DECLARATION

| I / We |
|---|
| 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 signature/s are appearing below, is / are the authorized representative(s) of the firm. |
| 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. |
| I / We assure that if empaneled, the firm will serve the Institute for a minimum period of one year. |
| I / We have read and understood all the "Terms and Conditions" of Guwahati Biotech Park as mentioned in this document and consciously agree to the "Terms and Conditions". |
| Authorised Signatory with seal Name: Designation: Place: Date: |