अनुसूची-३

(दफा ४ सँग सम्बन्धित)

Application for Form

1. 2.	Firm Name: Head Office Address:					
	Telephone: Fax					
3.	Responsible Person					
	Position					
	Telephone	Mob	ileFax	:		
	Email:					
4.	Firm Registration No	Reg	istered Office			
5.	PAN/VAT Registration N	lo	Date			
6.7.	Business Type/ Purpose :					
	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
1		
2		

Note - The letter from the bank must be unconditional

8. Human Resource Capability

Name	Position	Qualification (Must submit certificate copy)*	Experience (Year)
	Manager		
	Account/Sales/ Marketing		
	Engineer/Sub Engg/Mechanics		
	Name	Manager Account/Sales/ Marketing	Manager Account/Sales/ Marketing Engineer/Sub

^{*}Attach C.V. & certificate otherwise will not be considered for evaluation.

9. Rate and details of the Equipments that the firm can supply as of annex-1 (Attach the relevant catalogs, specifications etc.)

Brief Specification of Equipments

S. N.	Name of the equipments	Brand	Model	Power, HP	Per unit conditions and Including Tax) Rate in figures	Free Spare Parts including Tool Box	No. of Free servicing after sales
	3						

		,						•
	10. Availa	ability of Eq	uipments th	at the firm can	supply as of ann	ex-1 (For One I	FY)
S. N.	Name of the equipments	Brand	Model	Available i stock (N0s			Rate in figures	Total Amount (NRs)*
						*		,
s.N	11. Availabilities of Sp Parts Name		Quantity		Unit Rate in figures		Amount	
3.14	. Tarts rame							
					*			
		V			•			
		\.						•
	Performance test tal Spare Parts av 12. Dealer, Br	ailable in N	Rs	al equipments a		aoted fo	or evaluat	ion purpos

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

13. Service Centers

Name	District	Types of services Available (Routing/Regular/ Engine Overhaul)	Address	Contact Person	Email	Telep hone	Mobile .
	Name	Name District	Available (Available (Routing/Regular/ Engine Overhaul)	Available (Routing/Regular/ Engine Overhaul) Person	Available (Routing/Regular/ Engine Overhaul) Person	Available (Routing/Regular/ Engine Overhaul) Person hone

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

- 14. Professional Experiences
- 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 profession or business related offence.

	(Signature of Authorized Person)
Office stamp	Name
	Position