TENDER FORM FOR HIRING OF SUPPORTING STAFF THROUGH OUTSOURCING FOR AT HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND ASSOCIATED HAH CENTENARY HOSPITAL.

(Fill in Block Letters)

_	ost of tender			• •		ndable)			
	ue date of tender submission		-		?3 (up tc)3:00 Pl	02:30 F	'М)		
	ime and date of tender opening, technical bid arnest Money.			`		,	able)		
 4. Earnest Money. 5. Security money. Rs.5,00,000/- (Refundable/Adjustable) Rs.20,00,000/- minimum or as decided by the compe 							e compete	ent	
	authority (R						,	•	
6. T	erm of contract.		-	nay be e	extende	d furthe	on a mut	ually agree	able
Ν	ame, address of Firm / Agency and Telephor								
8. R	egistration number of the Firm/Agencylease specify as to whether tenderer is a sole	proprie	tor/pa	rtnershi	p or cor	npany			
10.	Name & Telephone No of the partner/Directo								
(a) .									
	Name, Designation, Address and Telephone erson of Firm /Agency to deal with	No							
12.	PAN (With PAN Ca	rd)							
13.	TAN								
14.	GST (W	/ith Cert	ificate))					
13.	E.S.I no			(Wit	th lates	t return	challan c	юру)	
14.	E.P.F. No			(Wi	th lates	t return	challan d	сору)	
14.	License No. Under Contract	Labor	(R	&A)	Act				Validity
	Details of earnest money deposit (EMD)								
(a.)	Amount.(Rs. In words)								
(b.)	i. Demand Draft No in fa	avor of H	IIMSR	payable	e at Ne	w Delhi.			
ii	. Name of the issuing bank				Ne	w. Delhi	ı		
16.	Average Turnover Certificate attested by CA	of last th	ree fir	nancial <u>y</u>	years.				
17.	List of Previous and Current Clients.								
18.	List of Manpower.								

This is to certify that I/We before signing this tender have and fully understood all the terms and conditions and instructions contained herein and undertake myself/ ourselves to abide by the said terms and conditions.

Place	Contractor's Sign & Seal
Date	
	Name
	Designation