

## SUBCONTRACTOR REGISTRATION

S.No	Particulars																												
1.0	<b>Work sector seeking for registration: (<i>Tick your core strength areas</i>)</b> <table border="0"> <tr> <td><input type="checkbox"/> Dam</td><td><input type="checkbox"/> Earthwork</td><td><input type="checkbox"/> Survey</td><td><input type="checkbox"/> Instrumentation</td></tr> <tr> <td><input type="checkbox"/> Bridge</td><td><input type="checkbox"/> Quarry</td><td><input type="checkbox"/> Geotechnical</td><td><input type="checkbox"/> Hirer</td></tr> <tr> <td><input type="checkbox"/> Road</td><td><input type="checkbox"/> Piling</td><td><input type="checkbox"/> Structural</td><td><input type="checkbox"/> Testing</td></tr> <tr> <td><input type="checkbox"/> Industrial Building</td><td><input type="checkbox"/> Prestressing</td><td><input type="checkbox"/> Piping</td><td><input type="checkbox"/> Transportation</td></tr> <tr> <td><input type="checkbox"/> Residential Building</td><td><input type="checkbox"/> Slipform</td><td><input type="checkbox"/> Mechanical</td><td><input type="checkbox"/> Consultancy / Design</td></tr> <tr> <td><input type="checkbox"/> Tunneling</td><td><input type="checkbox"/> Painting</td><td><input type="checkbox"/> Electrical</td><td><input type="checkbox"/> Erection</td></tr> <tr> <td><input type="checkbox"/> Marine</td><td><input type="checkbox"/> Well Sinking</td><td><input type="checkbox"/> (Others Specify)</td><td></td></tr> </table>	<input type="checkbox"/> Dam	<input type="checkbox"/> Earthwork	<input type="checkbox"/> Survey	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Bridge	<input type="checkbox"/> Quarry	<input type="checkbox"/> Geotechnical	<input type="checkbox"/> Hirer	<input type="checkbox"/> Road	<input type="checkbox"/> Piling	<input type="checkbox"/> Structural	<input type="checkbox"/> Testing	<input type="checkbox"/> Industrial Building	<input type="checkbox"/> Prestressing	<input type="checkbox"/> Piping	<input type="checkbox"/> Transportation	<input type="checkbox"/> Residential Building	<input type="checkbox"/> Slipform	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Consultancy / Design	<input type="checkbox"/> Tunneling	<input type="checkbox"/> Painting	<input type="checkbox"/> Electrical	<input type="checkbox"/> Erection	<input type="checkbox"/> Marine	<input type="checkbox"/> Well Sinking	<input type="checkbox"/> (Others Specify)	
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2.0	<b>Preferred Zone to Work:</b> <table border="0"> <tr> <td>All Zones <input type="checkbox"/></td><td>North Zone <input type="checkbox"/></td><td>South Zone <input type="checkbox"/></td></tr> <tr> <td>East Zone <input type="checkbox"/></td><td>West Zone <input type="checkbox"/></td><td>North-East Zone <input type="checkbox"/></td></tr> </table>	All Zones <input type="checkbox"/>	North Zone <input type="checkbox"/>	South Zone <input type="checkbox"/>	East Zone <input type="checkbox"/>	West Zone <input type="checkbox"/>	North-East Zone <input type="checkbox"/>																						
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3.0	<b>Organization Particulars :</b>																												
A	Name :																												
B	Office Address :																												
C	Contact Person :																												
D	Désignation :																												
E	Téléphone Nos :																												
F	Fax Nos :																												
G	Mobile Nos :																												
H	E-mail ID :																												

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I	Branches (if any) & locations	:									
J	Subsidiary (if any) & location	:									
<b>4.0</b>	<b>Organisation Type</b> :										
	Proprietorship <input type="checkbox"/>	Private Limited <input type="checkbox"/>	Joint-Venture <input type="checkbox"/>								
	Partnership <input type="checkbox"/>	Public Limited <input type="checkbox"/>	Subsidiary to parent company <input type="checkbox"/>								
<b>5.0</b>	<b>Whether organization hold any of the following certificates:</b>										
	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> Any other Quality Management System being followed – Pls Specify									
	<input type="checkbox"/> ISO 14001										
	<input type="checkbox"/> ISO 45001										
<b>6.0</b>	<b>Whether worked with any ISO Certified Organization:</b>										
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES – Name of Organization: _____									
<b>7.0</b>	<b>Three Years Turn Over in Lakhs:</b>										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Overall</th> </tr> </thead> <tbody> <tr> <td>This Year Projection</td> <td></td> </tr> <tr> <td>Last Year</td> <td></td> </tr> <tr> <td>Year Before Last</td> <td></td> </tr> </tbody> </table>				Overall	This Year Projection		Last Year		Year Before Last	
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This Year Projection											
Last Year											
Year Before Last											
<b>8.0</b>	<b>List of Plant &amp; Equipment</b>	<b>(As per Attachment 01)</b>	<b>:</b>								
<b>9.0</b>	<b>List of Technical Personnel</b>	<b>(As per Attachment 02)</b>	<b>:</b>								
<b>10.0</b>	<b>List of Works in Hand</b>	<b>(As per Attachment 03)</b>	<b>:</b>								
<b>11.0</b>	<b>Works completed in last 3 years</b>	<b>(As per Attachment 04)</b>	<b>:</b>								

**SUBCONTRACTOR REGISTRATION**

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**12.0 Furnish the following details (attach Certificates):**

IT PAN NO	
PF registration certificate	
Service Tax Registration No	
Insurance Policy & Validity	
PF Code	
GST Registration No.	
MSME No.	
Professional Tax certificate	
Labour License	

If you have applied for PAN No or any other no. mentioned above, please enclose the application copy along with.

I / WE CERTIFY THAT THE INFORMATION FURNISHED IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE : \_\_\_\_\_

NAME : \_\_\_\_\_

DESIGNATION : \_\_\_\_\_

DATE : \_\_\_\_\_

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