

## <u>United India Insurance Co. Ltd.</u> <u>Regional Office Raipur</u>

## 648-649,6th floor, Magneto Offizo, Magneto the Mall, Labhandi, Raipur, CG-492010

## **Application for pre-qualification**

## <u>Information should be sent in this format only and it should be typewritten or printed.</u> Failure to answer questions in detail will entail rejection of application.

(Please strike-off which is not applicable)

NO.	PARTICULARS			DETA	AILS	
1	Name of the Architect / Firm					
2	Full Postal Address of the off (Proof of address must be enclosed)					
3	Contact Details  (i) Phone No.  (ii) Mobile No.  (iii) E-mail Id					
4	Constitution of the Firm					
5	Year of Establishment Certified copy to be enclosed evidence		1			
6	Name of Partners / Associate	S				
7	Registration Number v Council of Architecture/ Indian Institute of Architects Copy of valid registration to enclosed					
8	Name and value of major Infurnishing/ Repair/ Renowners completed during the years in the following formation	ation last 6				
	S.No. Client Name Nature work	of	Location	Work value	Date of completion	Remarks

9	No. of Technical Personnel employed	
10	No. of other Personnel employed	
11	Banker's Details  (i) Banker's Name:  (ii) Full Postal Address:  (iii) Telephone No.:  (iv) Account No.:  (v) Type of Account	
12	Latest Income Tax Clearance Certificate: to be enclosed	
13	<ul> <li>(a) List of registration or empanelment with other Organizations/PSUs/Nationaliz ed banks</li> <li>(b) List of completion certificate etc. from the clients for completed / ongoing projects</li> </ul>	
	(c) Certified copies of the letter of intent for award: of the work from reputed private/multinational organizations/ PSUs etc.	
14	Particulars of participation in competitions and awards if any received	
15	What other works you under take other than normal line of work (like electrical, Airconditioning, gen set etc.	
16	Declaration regarding near relatives working in the United India Insurance Co. Ltd.,	

17	Annual turnover for the last 6 years.  Enclose certificate of charted	
	accountant	
18	Minimum & Maximum Value of work Prepared to undertake	
19	Whether empaneled with UIIC before? (Y / N)	
	If Yes, Year of Empanelment	
	Enclose proof	
20	Whether any work done for UIIC before? (Y / N)	
	If yes, Enclose work order & work completion certificates	
21	Whether blacklisted by any Central / State government organization or PSU before?  If yes, please provide details for	
22	the same	
22	Details of any litigation in similar type of works	
23	other details, if any	

Note: Please enclose separate sheets for additional information, photographs, and documents.

I/we hereby declare that the information presented in this form are true and correct. I/we also declare that if any work is given to us I/we do have enough resources to help implement the work, with reference to quality and time.

Signature of the Architect / Firm with seal	
Date:	
Place:	