

FORM 'A'

**FINANCIAL
INFORMATION**

(To be duly filled, signed and submitted along with technical bid by the tenderer)

I Financial Analysis –

Details to be furnished duly supported by figures in Balance Sheet / Profit and Loss Account for the last Five years duly certified by the Chartered Accountant, as submitted by the applicant to the Income-Tax Department (Copies to be submitted separately).

SI No	Details	Year ending 31 st March of 2025				
		2020-21	2021-22	2022-23	2023-24	2024-25
1	Gross annual turnover in construction work					
2	Profit (+) / Loss (-)					

II. Financial arrangement for carrying out the proposed work.

III. Income Tax PAN details (to be enclosed separately)

IV. Solvency certificate from Bankers of Applicant (to be submitted separately)

SIGNATURE OF APPLICANT (S)

SIGNATURE OF CHARTERED ACCOUNTANT WITH SEAL

FORM B

Solvency Certificate Format

[To be issued by scheduled Banks as mentioned below]

Ref:

Date:

This is to certify that M/s. _____ having their Registered Office at _____ is solvent to the extent of ₹ _____ [Amount in Words _____] as disclosed by the information and record which are available with the bank.

This certificate is issued at the request of M/s. _____ for a Tender Purpose.

This certificate is issued without any risk/liability or responsibility whatsoever on the part of the Bank or any of its officers.

For Bank _____

Name of Signatory

FORM 'C'

**DETAILS OF ALL WORKS OF SIMILAR NATURE OF ASSIGNMENT COMPLETED DURING THE
LAST SEVEN YEARS ENDING LAST DAY OF THE MONTH MARCH 2025**

(Note: Attach more sheet if required as per this format)

SIMILAR NATURE OF ASSIGNMENT COMPLETED				
Sr. No	Description	1	2	3
1	Name of work /project and location & Estimated cost of work			
2	Name & Address of Employer/ organisation Contact Person & phone/mobile No			
3	Date of commencement as per contract			
4	Stipulated date of completion			
5	Actual date of completion			
6	Litigation /arbitration pending /in progress with details*			
7	Name and address/ telephone number of officer to whom reference may be made.			
8	Remarks			

*Indicate gross amount claimed and amount awarded by the Arbitrator.

Signature of Applicant(s) with date & seal

FORM ' C-1'

(To be duly filled, signed and submitted along with technical bid by the tenderer)

PROJECTS UNDER EXECUTION OR AWARDED

SR. NO.	Name of work/project & location	Owner or sponsoring organizations	Agreement No	Cost of work	Date of commencement as per contract	Stipulated Date of completion	Up to date percentage progress of work	Slow progress if any and reasons there of	Name and address/ Tel No of Officer to whom reference may be made	Remarks(Indicate whether any show cause notice issued or Arbitration initiated during the progress of work)
1	2	3	4	5	6	7	8	9	10	11

Signature of Applicants

FORM 'D'

(To be duly filled, signed and submitted along with technical bid by the tenderer)

PERFORMANCE REPORT FOR WORKS REFERRED

1. Name of the work / Project & Location.
2. Scope of work.
3. Agreement No.
4. Estimated Cost
5. Tendered Cost
6. Value of work done
7. Date of Start
8. Date of completion
 - i. Stipulated date of completion.
 - ii. Actual date of completion.
9. Amount of compensation levied for delayed Completion if any.
10. Performance report based on Quality of Work, Time Management, and Resourcefulness : Excellent/ Very Good / Good / Fair

DATE

**EXECUTIVE ENGINEER /
PROJECT MANAGER OR
EQUIVALENT**

(*Signature and seal of the client / owner to whom the work executed)

*** Certified by self will not be
accepted**

FORM "E"
STRUCTURE & ORGANISATION OF MAIN OFFICE*

1	Name & Address of the applicant: (Furnish details of Main office Details with Tel & \Fax /email id)		
2	Telephone No./mobile No./Fax No & email id		
3	Legal status of the applicant (<u>attach copies of original document defining the legal status</u>) i. An individual ii. A proprietary firm iii. A firm in partnership iv. A limited company or Corporation		
4	Particulars of registration with various Government bodies (attach attested photocopy) if any	Organisation /Place of registration	Registration No.
5	Names and Titles of Director & Officers with designation to be concerned with this work:		
6	Designation of individuals authorised to act for the organisation		
7	Was the applicant ever required to suspend assignment for a period of more than six months continuously after you commenced the assignment? If so, give the name of the project and reasons of suspension of work.		
8	Has the applicant or any constituent partner in case of partnership firm, ever abandoned the awarded work before its completion? If so, give name of the project and reasons for abandonment.		
9	Has the applicant, or any constituent partner in case of partnership firm, ever been debarred / black listed for tendering in any organisation at any time? If so, give details.		
10	Has the applicant, or any consultant partner in case of partnership firm, ever been convicted by a court of law? If so, give details		
11	In which fields of Consultancy assignment the applicant has specialisation and interest?		
12	Details of Technical Personal available as on date		
13	Any other information considered necessary but not included above.		

FORM F

AFFIDAVIT

I, [Your Full Name], son/daughter of [Parent's Name], aged [Your Age] years, residing at [Your Address], do hereby solemnly affirm and state as follows:

1. That I am the [Designation/Position] of [Name of the Organization, if applicable], having its registered address at [Organization's Address].

2. That I am duly authorized to make this affidavit on behalf of [Name of the Organization], if applicable.

3. That to the best of my knowledge and belief, [I/My Organization] am/is not blacklisted, debarred, or prohibited by any government agency, financial, educational institution, state /central semi Government organization or any local boards or any Government and semi Government under taking regulatory authorities in any country.

4. That there are no current or past instances where [I/My Organization] have/has been involved in any fraudulent, corrupt, or unlawful practices that led to being blacklisted debarred, banned within last **seven years period or any time.**

5. I / we don't have any Litigation history. I declare that A tender would not be awarded if any inquiry proceeding related to the criminal case and non-compliance with mandatory statutory provision is found pending against me and my organisation and my contract is not terminated at any part of time due to non-compliance with the statutory provision. If found my tender may be rejected at any stage. And you are free to take any legal action as deemed fit. If noticed later stage my EMD amount may be forfeited also a criminal action may be initiated against me/us.

6. That this affidavit is made to certify and declare my/our status regarding blacklisting for the purposes of [Reason for the Affidavit, e.g., tender participation]

7. That I am making this affidavit in good faith and understand that any false declaration will be subject to legal consequences.

I, therefore, solemnly affirm that the contents of this affidavit are true to the best of my knowledge, information, and belief, and nothing material has been concealed.

Date: [Date]

Place: [Place]

Deponent's Signature: _____

[Your Full Name]

[Designation, if applicable]

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in this affidavit are true and correct to the best of my knowledge and belief.

Date: [Date]

Place: [Place]

Deponent's Signature: _____

You may need to notarize this affidavit on 100/- Rs. Non- judicial stamp paper and submit/upload along with the technical bid otherwise the tender will be summary rejected.

Institute / University Account Details
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS
SETTLEMENT (RTGS)

FACILITY FOR RECEIVING PAYMENTS

A. DETAILS OF ACCOUNT HOLDER*


NAME OF THE ACCOUNT HOLDER (Registrar/Director/Principal/Accounts Officer/Finance Officer etc.)	THE REGISTRAR, IIT BOMBAY
COMPLETE CONTACT ADDRESS	INDIAN INSTITUTE OF TECHNOLOGY BOMBAY, POWAI MUMBAI-400076
TELEPHONE NUMBER/FAX/EMAIL	+91-22-25767020 registrar@iitb.ac.in

B. BANK ACCOUNT DETAILS*

BANK NAME	State Bank of India
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	IIT Powai Branch, Near Hostel No-1, Powai, Mumbai-400076 (022)-25720912/0204/1103 sbi.01109@sbi.co.in
IFSC CODE OF THE BRANCH	SBIN0001109
MICR CODE	400002034
TYPE OF BANK ACCOUNT (SB/CURRENT/CASE CREDIT WITH 10/11/13)	Current
COMPLETE BANK ACCOUNT NUMBER	00000010725729128

*Information of the recipient Institute/University Only

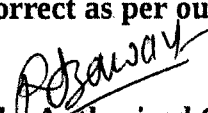
I hereby declare that the particulars given above are correct and complete.


Signature of the competent authority
of Institution with seal
कलेक्टर/Registrar
भारतीय प्रौद्योगिकी संस्थान मुंबई
Indian Institute of Technology Bombay
पवई/Powai, मुंबई-76/Mumbai-76.

Date:

Certified that the particulars furnished above are correct as per our records.

Date:


Signature of the Authorized Official of the Bank
(With Bank Stamp)

