

Application for empanelment by Bank of Maharashtra, Akola Zone, Akola

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Application for empanelment as:

01. Name of Individual/ Firm :

02. Address - Office :

Telephone No. :

Residence :

Telephone No. :

03. Year of establishment :

04. Status of Firm :

(Whether Company/Firm/Proprietary / Partnership etc.)

05. Details of Directors/Partners/Proprietors :

Sr. No.	Name	Designation	Education/Professional Qualifications	Mobile No.

06. Whether registered with Registrar of Companies / :
Registrar of Firms. If so, mention number and date

07. Whether registered as an SSI Unit. If so, please furnish the Registration No. and date along with a copy of the certificate.

08. Registration with Tax Authorities

i) Income Tax - PAN No. :

ii) Service Tax no. :

iii) EPF Reg. No. :

iv) ESI Reg. No. :

v) TIN / VAT No. :

vi) WCT Reg. No. :

vii) CAT No. :

09. Name & address of Bankers :

Sr. No.	Name of The Bank	Branch	Since when Banking	Contact person & Tel. No.

10. Whether registered for Sales Tax purposes. If so, mention number and date. Please also furnish copies of Sales Tax clearance certificate.

11. Whether an assessee of Income Tax. If so, furnish copies of: IT clearance certificate.

12. Please furnish copies of audited balance sheet and Profit and Loss statements for last 3 years.

13. If you are registered in the panel of other organizations / statutory bodies such as CPWD, PWD, Banks etc., please furnish their names, category & date of registration.

Name of Organization	Category	Date of registration

14. (i) Detailed description and value of work done for others in the past :

Type of Work	Work executed for Institution	Nature of work (in brief)	Location	Value Rs.	Duration of work with date of commence and completion	If work left incomplete or terminated (give reasons)

(ii) Detailed description and value of works done for the Bank :

- i. 2013-14 : Rs.
- ii. 2014-15 : Rs.
- iii. 2015-16 : Rs.

15. Please specify the maximum value of work executed in the years:

i. 2013-14 : Rs.

ii. 2014-15 : Rs.

iii. 2015-16 : Rs.

16. Please furnish the names of three responsible persons / clients, who will be in a position to certify about the quality as well as past performance of your organization :

i.

ii.

iii.

17. Whether you are debarred / terminated /blacklisted from any institution for your work performance / services? if yes, give reasons. :

18. Any other information you would like to furnish:

(* All documents to be submitted with self attestation.)

Place :

Date :

Signature
with stamp

List of enclosures :

1. KYC of Applicants such as all Directors / Partners / Proprietor / Individuals along with their respective photos.
2. Certificate of registration of Company / registered partnership deed.
3. Copy of PAN /Service Tax/EPF/TIN/VAT/ESI/WCT/CAT (whichever applicable).
4. Copies of Educational / Professional qualifications
5. Audited Balance Sheet, Profit & Loss account statement for last 3 years
6. Certification of registration with Govt / Earlier empanelment with Public Sector Banks.
7. Copies of work orders along with TDS certificates / IT returns for last 3 years
8. Any other documents relevant for the respective category.