



State Bank of India
Circle Stationery Department
Plot -3, Sector-6, FARIADBAD
(Haryana) PIN 121006
Tel: 0129-2242228,2247085, Fax-0129-2211248

PRE-QUALIFICATION APPLICATION FOR EMPANELMENT OF VENDORS

Eligibility criteria / terms & conditions
PLEASE FILL UP ALL COLUMNS LEGIBLY

Category:

Recreation of account opening forms(AOFs) /Printing of AOFs at LCPC, NOIDA

| NAME OF THE CATEGORY APPLIED: | | |
|--------------------------------------|---|--|
| 1 | <p>i) NAME OF THE UNIT/FIRM:</p> <p>ii) COMPLETE ADDRESS: a) Factory: b) Administrative office:</p> <p>iii) Telephone/Mobile/Fax Nos.:</p> <p>iv) e-mail address:</p> <p>v) Whether ISO Certified IBA/RBI Approved</p> <p>(If so enclose copy of relative certificate issued)</p> | |
| 2 | <p>a) CONSTITUTION: [Enclose evidence like Certificate of Commencement of business/ memorandum/articles of association , agreement/partnership deed etc.]</p> <p>b) SSI Registration No. (If applicable, enclose copy of Certificate)</p> <p>c) Date valid up to:</p> | Proprietary/partnership/Private limited/Public limited company/Co-operative society(Delete inapplicable) |

| | | |
|----|--|---|
| 3 | YEAR OF ESTABLISHMENT: Experience in the line of activity: | |
| 4 | NAME OF KEY PERSON: DESIGNATION | |
| 5 | NAME AND ADDRESS OF THE BANKER Financial assistance if any : Assets / Properties offered as security: Whether stocks hypothecated / pledged: Latest Solvency certificate from your banker PHONE Nos. | |
| 6 | Whether registered for GST : Mention No. & date [furnish copies] | |
| 7 | Whether Income-Tax assessed: [enclose copies of two IT return] Furnish PAN No. : TAN No. : | |
| 8 | If you are registered in SBI panel / other organizations/statutory bodies furnish details : [Enclose proof] | |
| 9 | Detailed description of works undertaken: | |
| 10 | Annual turn over for the last 3 years (Enclose copy of Balance Sheet and P&L Statement) | <div style="text-align: right;">(Rs.in Lacs)</div> <div style="display: flex; justify-content: space-around;"> Turn Over Net Profit </div> <div style="margin-top: 10px;"> 2017-18 2018-19 2019-20 </div> |

| | | |
|----|--|--|
| 11 | NAME KEY PERSON : [Who will certify the quality] | |
| 12 | Name of Institutions / Govt. agencies/Banks/reputed companies etc. to whom your unit is executing works and mention there against the turnover during the last year: | |

Declaration:

We hereby undertake and agree by all the terms and conditions stipulated by the Bank in the Bank's web site: <www.statebankofindia.com> or <www.sbi.co.in> Procurement News.

DATE:

PLACE:

SIGNATURE

(Name , Designation of Authorised
Signatory with Seal)