

Annexure I

NATIONAL HEALTH MISSION (NHM), KERALA TENDER FORM FOR AIR CONDITIONED VEHICLES Technical Bid

Sl. No.	Particulars	Remarks			
1	Name, Address, E-Mail ID & Contact No. of Bidder (Land No. & Mobile No.)				
2	Income Tax Permanent Account Number (PAN) (Attach Proof), and IT Returns of assessment years _____ and _____				
3	Service Tax Registration number, if any (attach Proof)				
4	Experience from the Govt. / PSU Companies / rental agencies / Pvt. Firms etc (Attach copy of the performance certificate), If any	----- years			
5	Total No. of taxis / Vehicles owned by the bidder (Copies of the RC Books and other details of the Vehicles should be attached)				
Details of Vehicle					
	Make	Seating Capacity	Model	Date of original registration & Odometer reading	Registration Number
1					
2					
3					
4					
5					

I hereby agree to provide the vehicles as per the terms & conditions mentioned in this tender by the NHM.

Place:
Date:

Signature
Name & Address of the Agency /
Contractor/vehicle owner

Annexure II

POWER OF ATTORNEY

(On a Stamp Paper of relevant value)

I/ We.....(name and address of the registered office) do hereby constitute, appoint and authorize Sri/Smt

.....(name and address) who is presently employed with us and holding the position of As our attorney, to act and sign on my/our behalf to participate in the tender no for

I/ We hereby also undertake that I/we will be responsible for all action of Sri/Smt..... undertaken by him/her during the tender process and thereafter on award of the contract. His / her signature is attested below

Dated this the ___ day of 202_

For _____
(Name, Designation and Address)

Accepted

(Signature) (Name, Title and Address of the Attorney) Date :

Annexure III

ANNUAL TURN OVER STATEMENT

I hereby certify that M/s----- (Name & address) -----
-----who is a prospective bidder for the Tender No. -----
Dated ----- of District Programme Manager is having the following annual turn
over and the statement is true and correct.

Sl.no.	Year	Turn Over in Lakhs
1		
2		
3		

Average turnover per annum (Rs.)

Date

Signature of Auditor/ Chartered
Accountant (Name in Capital)

Name of Firm

Reg No.

Seal

OFFICE OF DISTRICT PROGRAMME MANAGER, NHM, TYM
GENERAL INFORMATION ABOUT THE TENDERER

1	Name of the Tenderer					
	Registered address of the firm					
	State		District			
	Telephone No.		Fax			
Email		Website				
Contact Person Details						
2	Name			Designation		
	Telephone No.			Mobile No.		
Communication Address						
3	Address					
	State		District			
	Telephone No.		Fax			
Email		Website				
Type of the Firm (Please ✓ relevant box)						
4	Private Ltd.		Public Ltd.		Proprietorship	
	Partnership		Society		Others, specify	
	Registration No. & Date of Registration.					
Nature of Business(Please ✓ relevant box)						

5	Original Equipment Manufacturer		Authorized Dealer /Representative	
	Direct Importer		Others, specify.	
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)				
6	in case of Directors, DIN Nos. are required			
	Name		Designation	
	Name		Designation	
Bank Details				
7	Bank Account No.		IFSC Code	
	Bank Name & Address		Branch Name	
	Tel No		Email ID	
8	<i>Whether any criminal case was registered against the company or any of its promoters in the past?</i>			Yes / No
9	<i>Other relevant Information provided *</i> <i>(here enclose the details such as presentation on the details of the tenderer in a CD preferably, please avoid submission of detailed leaflets/brochures etc, if possible.)</i>			
Date:		Office Seal		Signature of the tenderer / Authorised signatory