

**ANDAMAN PUBLIC WORKS DEPARTMENT
APPLICATION FOR ENLISTMENT AS CONTRACTOR**

[The applicant should study carefully the Rules of Enlistment and the list of documents to be annexed with the application form before filling the form. Applications found deficient in any respect are liable to be rejected without any further correspondence]

CLASS

CATEGORY

1. Name of applicant Shri/M/s.....

2. Nationality Indian Other

3. Address

Regd Office.....

.....

.....

Head Office.....

.....

.....

4. Telephone Number - Fax No. -

5. Constitution Individual Sole Proprietorship Concern

Partnership Firm Public Ltd. Company

Private Ltd. Company

6. If partnership firm, names of the partners/ 1.....

If Company, name of directors 2.....

3.....

4.....

5.....

6.....

7. Is the individual/sole proprietor/any partner/directors of company :

- (a) Dismissed Government Servant Yes No
- (b) Removed from approved list of contractors Yes No
- (c) Demoted to a lower class of contractors Yes No
- (d) Having business banned/suspended by any government in the past Yes No
- (e) Convicted by a court of law Yes No
- (f) Retired engineer/official from engineering Department of Govt. of India within last two years Yes No
- (g) Director or partner of any other company/firm enlisted with APWD or any other department Yes No
- (h) Member of Parliament or any State Legislative Assembly Yes No

If answer to any of the above is 'Yes', furnish details on a separate sheet

8. (a) Name of person holding power of attorney

(b) Nationality Indian Other

(c) Liabilities

9. Name of Bankers with full address

.....

10. Place of business

11. Full time technical staff in applicant's employ:

[(a) to (b) for Civil, Electrical & HVAC, (c) for Furniture & (d) for Horticulture]

(a) Graduate engineers with minimum 2 years' experience Nos.

(b) Diploma engineers with minimum 3 years' experience

(c) Furniture/Furnishing Designers

(d) Graduates in Agricultural Science

12. Does the applicant possess valid Electrical License [For Electrical] Yes No

13. (a) Whether already enlisted with APWD or any other department. Yes No

(b) If yes, give details:

(i) Name of department

(ii) Class & category

(iii) Enlistment authority & address

(iv) Enlistment No. & date

(v) Date of validity

(vi) Tendering limit

14. Is any person working with the applicant is a near relative of the officer/official of APWD

[See Rule 18 of the Enlistment Rules] If yes, give details Yes No

15. Enlistment fee enclosed :

Draft No.	Date	Amount	Issuing Bank & Branch	Branch drawn upon	Executive Engineer in whose favour drawn

16. Details of Works completed and in progress during the last 5 years (to be filled in proforma as given in Part-C. This list should include all works whose gross amount of work done is more than the required magnitude for the class in which registration is required.

17. Certificates from clients in original as per proforma given in Part-D for all eligible works.

18. Certificates:

- (i) I/We (including all partners) certify that I/We have read the Rules of Enlistment of Contractors in APWD as amended upto-date and shall abide by them.
- (ii) I/We certify that the information given above is true to the best of our knowledge. I/We also understand that if any of the information is found wrong, I am liable to be debarred.
- (iii) I/We certify that I/We will not get myself/ourselves registered as contractor(s) in the Department under more than one name.
- (iv) (a) I certify that I did not retire as an Engineer of Gazetted rank or as any Gazetted Officer employed on Engineering or Administrative duties in any engineering Department of the Government of India during the last two years. I also certify that I have neither such a person under my employment nor shall I employ any such person within two years of his retirement except with the prior permission of the Government.
(For individuals seeking enlistment in their own name)
- (b) We certify that none of the partners/Directors retired as an Engineer of Gazetted rank or as any Gazetted Officer employed on Engineering or Administrative duties in last two years. We also certify that we have neither under our employment any such person nor shall we employ any person within two years of his retirement except with the prior permission of the Government. **(For partnership firms and limited companies).**

(Strike out whichever is not applicable)

Name	Signature	Signature(s) of applicant(s) : Address
1.		
2.		
3.		
4.		
5.		
6.		

Date :

No. of Documents attached

7. (a) Name of person holding power of attorney

(b) Nationality Indian Other

(c) Liabilities

8. Name of Bankers with full address

.....

9. Place of business

10. Full time technical staff in applicant's employ:

[(a) to (b) for Civil, Electrical & HVAC, (C) for Furniture & (d) for Horticulture]

	Nos.
(a) Graduate engineers with minimum 2 years' experience	<input type="checkbox"/>
(b) Diploma engineers with minimum 3 years' experience	<input type="checkbox"/>
(c) Furniture/Furnishing Designers	<input type="checkbox"/>
(d) Graduates in Agricultural Science	<input type="checkbox"/>

11. Does the applicant possesses valid Electrical License Yes No
[For Electrical]

12. (a) Details of enlistment with APWD

(i) Enlistment No. & date

(ii) Date of validity

13. Is any person working with the applicant is a near relative of the officer/official of APWD

[See Rule 18 of the Enlistment Rules] Yes No

If answer to above is Yes, give details.

14. Details of APWD Works completed and in progress (which were secured during the last 5 years) (to be filled in proforma as given in Part-G. This list should include ALL works done whose gross amount of work done is more than the required magnitude for the class in which registration is required.

Yes No

15. Certificates:

- (i) I/We (including all partners) certify that I/We have read the Rules of Enlistment of Contractors in APWD as amended upto-date and shall abide by them.
- (ii) We certify that I/We will not get myself/ourselves registered as contractor(s) in the Department under more than one name.
- (iii) I/We certify that the information given above is true to the best of our knowledge. I/We understand that if any information is found incorrect, our enlistment is liable to be cancelled.
- (iv) I/We certify that I/none of the partners/Directors retired as an Engineer of Gazetted rank or as any Gazetted Officer employed on Engineering or Administrative duties in last two years. We also certify that we have neither under our employment any such person nor shall we employ any person within two years of his retirement except with the prior permission of the Government.

(Strike out whichever is not applicable)

Signature(s) of applicant(s) :

Name	Signature	Address
1.		
2.		
3.		
4.		
5.		
6.		

Date:

No. of Documents attached

CLIENT'S CERTIFICATE REG PERFORMANCE OF CONTRACTOR

Name & address of the client _____

Details of Works executed by Shri/M/s _____

1. Name of work with brief particulars	
2. Agreement No. and date	
3. Date of commencement of work	
4. Stipulated date of completion	
5. Actual date of completion	
6. Details of compensation levied for delay, if any	
7. Tendered amount	
8. Gross Amount of the work completed	
9. Name and address of the authority under whom works executed.	

10. Whether the contractor employed qualified Engineer/Overseer during execution of work ?	
11. (i) Quality of work (indicate grading) (ii) Amount of work paid on reduced rate basis, if any.	<u>Out Standing/V.Good/Good/Poor</u>
12. (i) Did the contractor go for arbitration? (ii) If yes, total amount of claim (iii) Total amount awarded	
13. Comments on the Capabilities of the contractor. a. Technical Proficiency b. Financial Soundness c. Mobilisation of adequate T&P d. Mobilisation of manpower e. General behaviour	Out Standing/V.Good/Good/Poor Out Standing/V.Good/Good/Poor Out Standing/V.Good/Good/Poor Out Standing/V.Good/Good/Poor Out Standing/V.Good/Good/Poor

Note: All columns should be filled in properly.

“Countersigned”

**Officer of the rank of
Superintending Engineer
or equivalent.**

**Signature of the
Reporting Officer with
Official seal**

**FORM OF SOLVENCY CERTIFICATE FROM A SCHEDULED BANK/
A&N STATE CO-OPERATIVE BANK LIMITED**

This is to certify that to the best of our knowledge and information M/s/Shri..... having marginally noted address, a customer of our bank are/is respectable and can be treated as good for any engagement up to a limit of Rs. (Rupees.....). This certificate is issued without any guarantee or responsibility on the Bank or any of the Officers.

**Signature
For the bank**

Note:- In case of partnership firm, certificate to include names of all partners as recorded with the bank.

**FORM OF WORKING CAPITAL CERTIFICATE FROM A SCHEDULED
BANK/A&N STATE CO-OPERATIVE BANK LIMITED**

(For Class V(B&R), Class IV(Elect), Class IV(Firm), Hort.(All classes))

Certified that Shri/Smt/M/s..... S/o/W/o and resident(s) of has/been maintaining a saving bank account/current account/fixed deposit account with this branch of bank since and an amount not less than Rs. (Rupees) has been available to the credit in his/ their account No. for the last six months.

**Signature
For the bank**