ANNEXURE-I

ANDAMAN PUBLIC WORKS DEPARTMENT APPLICATION FOR ENLISTMENT AS CONTRACTOR IN ALL CATEGORIES

Supporting Documents be annexed with the application form. (Applications found deficient in any respect are liable to be rejected without further correspondence)

TYPE OF ENLISTMENT: NEW

Name

CL	ASS:	Category:]	Ju	risc	dict	ion	: [
1.	1. Name of applicant (Individual/Firm/Company):												
2.	Nationality:	Indian						Ot	her		C		
3.	Address: (i) Regd. office				•••••	••••	• • • • • •		••••	••••	••••		
	(ii) Head Office				••••	••••	••••		••••	••••	••••		•
4.	Contact Details:												
	Telephone Numbe	er											
	Fax No.												
	Mobile Number]	
	Website URL (if a	ny)			•••••						•••••		
	E-mail Id			••••	••••	••••	••••		••••	••••	• • • • •		
5.	PAN Number (Ind	ividual/Fi	rm/Con	npan	ıy)	• • • • •	• • • • • •		••••	•••••	••••		
6.	Constitution: In	dividual []		Sole	e Pro	opri	etor	shij	p Co	once	ern 🗌	
	Partnership Firm	🗆 F	ublic L	td. C	om	pan	уĽ		Pri	vate	e Lto	d. Company	
7.	7. Name, Scanned Passport size photo and scanned signature of the individual(s)/ Partner(s) /Director(s) (Size of photo should be 2.5x3.5 cm having white background and printed name at bottom)												
	1.	2	2.			,	3.					4.]
	Paste photo	Paste	photo		Pa	aste	e ph	oto		1	Past	te photo	

8. Is the Individual/ Sole Proprietor/ any Partner/ Director of Company:

Name

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 Court of Law:	Yes	No
f)	Retired Engineer/ official from Engineering		
	Department of Govt. of India within last one		
	year:	Yes	No

Name

Name

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)

- 9. a) Name of person holding power of attorney (if any):b) Nationality:c) Liabilities (if any):....
- 10. Name of the Banker with full address :
- 11. Place of Business:
- 12 Full Time Technical Staff in the Applicants employment (Refer Table I and fill up the columns below respect of requisite trade and experience only).

Qualification	Name	Experience in Years	Date of Appointment

 Does the applicant have sufficient T&P, Machinery, Equipment and workshop as per requirement mentioned in the Enlistment Rule for the class & category applied for 					
	(Attach details on separ	rate sheet) :	Yes	No	
14.	[For Electrical] i) Does the applicant po	ossess valid Electrical License:	Yes	No	
	ii) Do the permanent el possess valid license:	ectricians employed by contrac		No	
15	(a) Whether already en Department: If ye	listed with APWD or any other s Give details	Yes	No	
15	(ii) Class & catego (iii) Enlistment Au (iv) Enlistment No. (v) Date of Validity	tment; ry: thority & address: and date: 7:			
16.	relative of the officer/offi	ith the applicant is a near cial of APWD tment Rules) if yes give details:	Yes	. No	
17.	Enlistment Processing Fe	ee Enclosed details:			
	Draft No :				
	Draft Date :	•••••			
	Amount :	•••••			
	Branch :				
	Branch drawn upon :				
	Whose favour :				

- 18. Details of Works completed, in progress and secured during the last 5 years (to be filled in the performa as given in Annexure –III). 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.
- 19. Certificates from clients in original or attested copy as per proforma given in Annexure-IV for all eligible works.

No of documents attached:.....

- 20. Certificate:
 - i) I/We (including all partners) certify that I/ We have read the rules of enlistments of contractors in APWD as amended upto date and shall abide by them.
 - ii) I/We certify that I/We will not get myself/ourselves registered as contractors as 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 one year. We also certify that we have neither under our employment any such person nor shall we employ any person within one year of his retirement except with the prior permission of the Govt.
 - v) I/We certify that I/We possess or have obtained registration on GST bearing Number.....

(strike out which ever is not applicable)

Signature (s) of applicant(s): Name	Signature	Address
1.		
2.		
3.		
4.		
Data		
Date: No. of Documents attached:		

ANNEXURE-VIII

ANDAMAN PUBLIC WORKS DEPARTMENT APPLICATION FOR REVALIDATION OF ENLISTMENT

(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. Application found deficient in any respect are liable to be rejected without any further correspondence)

CL	ASS:	Category :					
1.	Name of applicant .						
2.	Nationality	Indian 🗌	Other]			
3.	Address: Regd office						
	Head Office						
4.	Telephone Number						
	Fax No.						
	Mobile No.						
	Now E-mail addres	s					
5.	Constitution:	Individual 🗌	Sole Proprietorsh	ip Concern 🛛			
	Partnership Firm	D Public Ltd. Co	mpany 🔲 Private L	td. Company 🛛			
6.	5. Furnish names and paste Photograph(s) (size of photo should be 2.5 x 3.5 cm having white background and printed name at bottom) of individual /sole proprietor/all partners/all directors against his /their name.						
	1.	2.	3.	4.			
	Paste photo	Paste photo	Paste photo	Paste photo			
	Paste photo Name	Paste photo Name	Paste photo Name	Paste photo Name			
7.	Name		Name	Name			
7.	Name	Name	Name	Name			
	(a) Name of person (b)Nationality	Name holding power of attor	Name ney Other	Name			
8.	Name (a) Name of person (b)Nationality Name of Bankers with	Name Name holding power of attor Indian	Name ney Other	Name			

 (d) Diploma engineers with minimum years Experience (excluding (c) above)

	(e) (f) (g)	Furniture/Furnishing Designers of minimum years Post Graduate in Agri. Science of minimum years E Graduate in Agri. Science of minimum years Exp.	-		
11.	wor	s the applicant have sufficient T &P, Machinery, Equipme kshop as per requirements mentioned in the Enlistment I he class & category applied for.		d	
	(att	ach details on separate sheet)	Yes		No 🗆
12	[For (i)	Electrical] Does the applicant possess valid Electrical License	Yes		No 🗆
	(ii)	Do the permanent electricians employed by contractor Possesses valid license	Yes		No 🗌
13.		Details of enlistment with APWD (i) Enlistment No. & date ii) Valid up to			
14.	of t	ny person working with the applicant is a near relative he officer/official of APWD. Rule 17 of the Enlistment Rules.)	Yes		No 🗌

If answer to above is yes, give details :

15. Details of APWD and Non-APWD Works completed, in progress & secured during the last enlistment / revalidation period as per Annexure-III. 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. Receipted copy of the Annexure-VII for APWD works also be enclosed.

Whether above details enclosed?

Yes 🗌 No 🗌

- 16. 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 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 **one** year. We also certify that we have neither under our employment any such person nor shall we employ any person within **one** year of his retirement except with the prior permission of the Government.
 - (v) I/We certify that I/We possess or have obtained registration on GST bearing Number.....

(Strike out whichever is not applicable)

Signature(s) of applicant(s):

Name 1.	Signature	Address
2. 3.		
4.		
Date:		

No. of documents attached.....