

**SHRI KRISHNA GOVT. AYURVEDIC COLLEGE/HOSPITAL, KURUKSHETRA  
(TENDER FORM FOR SUPPORT SERVICES)**

1. Cost of tender Form -----RS NIL -----
2. Due date for tender -----**14/08/2015 UP TO 2 PM**-----
3. Opening time and date of tender -----**14/08/2015 UP TO 3 PM** -----
4. Names, address of Firm/Agency and telephone numbers -----
5. Registration No. of the Firm/Agency -----
6. Name, Designation, Address and Telephone no. -----  
Of authorized person of Firm/ -----  
Agency to deal with. -----
7. Please specify as to whether -----  
Tender is only Proprietor/Partnership firm -----  
Name and Address and Telephone No. of -----  
Directors/Partner should be specified. -----
8. a) Copy of PAN card issued by income Tax Department . **Attached or not attached**  
b) Copy of Income Tax Returns of previous three financial year's **Attached or not attached**
- 9 Employees Provident Fund Account No -----
- 10 ESI Number -----
- 11 License number under Contract Labour -----  
( R & A) Act, if any -----
- 12 Details of Bid Security Deposit -----
  - a) Amount Rs -----
  - b) FDR No TDR No or Bank Guarantee -----
  - c) In favour of -----
  - d) Date of Issue -----
  - e) Name of Issuing Authority -----
- 13 Details of ISO Certification -----
- 14 Any other information -----
- 15 Declaration by the bidder -----

This is to certify that I/We before signing this tender have read and fully understood all the terms and conditions contained herein and undertake myself /our selves to abide by them

**Enclosed ----- Page with numbers and self attested**

(Signature of the bidder)  
Name and address ( with seal )