REGIONAL INSTITUTE OF MEDICAL SCIENCES: IMPHAL - 795004
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

ANNEXURE-I

EOI Format (Separate sheets may be used wherever required)

A) Basic details:

1) Name of Firm/Company:
2) Address:
3) Contact person:

   (Phone/Fax/E-mail ID)

4) Date of inception of Firm/Company and GST No.:
5) Financial turnover of the firm/company (last 3 years):
6) Proof of executed work (List of clients and copies of purchase orders completed during the last five years from the EOI publishing date):
7) Details of product & accessories:
8) DSC (Digital signature) login ID :
   (Compulsory to submit)

Declaration:

1) All the information furnished by us here in above is correct to the best of our knowledge and belief.
2) We have no objection if enquiries are made about the work listed by us in the accompanying sheets/ annexure.
3) We agree that the decision of RIMS, Imphal will be final and binding on us.
4) We confirm that we have not been barred/ blacklisted/ disqualified by any Regulators / Statutory Body in India and we understand that if any false information is detected at a later date, the assignment, if any, shall be cancelled at the discretion of the RIMS, Imphal.

Place:

Signature of the Applicant

Date:

Name & Designation

Seal of Organization