

**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR
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 along with 2.....
 Passport photos. 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 RIMS within last two years Yes No
- (g) Director or partner of any other company/firm enlisted with PWD 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) Graduate engineers with minimum 3 years' experience Nos.
- (b) Diploma engineers with minimum 5 years' experience

12. Does the applicant have sufficient T&P, Machinery, Equipment and workshop as per requirements mentioned in the Enlistment Rules for the class applied for [Attach details on separate sheet] Yes No

13. (a) Whether already enlisted with PWD 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 RIMS [As per Rule of the Enlistment Rules] If yes, give details Yes No

15. Enlistment fee enclosed:

Draft No.	Date	Amount	Issuing Bank & Branch	Branch drawn upon	In whose favour drawn

16. Details of Works completed and in progress during the last 5 years (to be filled in pro forma 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.

17. Certificates from clients in original as per pro forma given in Annexure-IV 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 RIMS 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 Regional Institute of Medical Sciences 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)

Signature(s) of applicant(s):

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

Date :

No. of Documents attached

Check List for Documents attached for enlistment

S.No.	Document	Yes	No
1.	Proof of constitution: a) (In case of sole proprietorship: an affidavit executed before a 1 st Class Magistrate that the applicant is the sole proprietor of the firm)	<input type="checkbox"/>	<input type="checkbox"/>
	b) In case of partnership firm: (Submit attested copies)		
	i) Partnership deed	<input type="checkbox"/>	<input type="checkbox"/>
	ii) Form "A" or equivalent form issued by Registrar of Firms	<input type="checkbox"/>	<input type="checkbox"/>
	iii) Form "B" or equivalent form issued by Registrar of Firms	<input type="checkbox"/>	<input type="checkbox"/>
	iv) Form "C" or equivalent form issued by Registrar of Firms	<input type="checkbox"/>	<input type="checkbox"/>
	c) In case of Private/Public Ltd Co. Article of Association duly attested	<input type="checkbox"/>	<input type="checkbox"/>
2.	Power of attorney, if any ,	<input type="checkbox"/>	<input type="checkbox"/>
3.	Solvency certificate from scheduled bank in the proforma given in Annexure-VI. The certificate should be on the bank's letter-head and in sealed cover and shall be addressed to the concerned Enlistment Authority.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Technical Staff : (i) List of full time technical staffs with qualification and experience of each (ii) Attested copies of the degrees/diplomas of the technical staff/Designers. (iii) Declaration from the technical staff/Designers that they are employed with the applicant.	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
5.	List of machineries, T&P l/c l centering & shuttering, possessed by the applicant.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Attested copy of Enlistment order	<input type="checkbox"/>	<input type="checkbox"/>
7.	List of all near relatives working in RIMS, including their addresses.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Demand Draft for Enlistment Fee	<input type="checkbox"/>	<input type="checkbox"/>
9.	Original or attested copies of certificates for works done, from concerned clients, in pro forma as given in annexure-IV	<input type="checkbox"/>	<input type="checkbox"/>
10.	Attested copies of award letters for works included in Annexure-III	<input type="checkbox"/>	<input type="checkbox"/>

ANNEXURE – IV

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. Agreement amount	
4. Date of commencement of work	
5. Stipulated date of completion	
6. Actual date of completion	
7. Details of compensation levied for delay (indicate amount) if any	
8. Gross amount of the work completed and paid	
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) Amt. of work paid on reduced rates, if any.	Outstanding/Very Good/Good/Poor
12. i) Did the contractor go for arbitration? ii) If yes, total amount of claim iii) Total amount awarded	

Name & address of the Client

Details of Works executed by Shri/M/s

Name of Work: (Mention of name of work is mandatory and should be same as mentioned on page 1 of Annexure IV)

13. Comments on the capabilities of the contractor.	
a) Technical proficiency	Outstanding/Very Good/Good/poor
b) Financial soundness	Outstanding/Very Good/Good/Poor
c) Mobilization of adequate T&P	Outstanding/Very Good/Good/Poor
d) Mobilization of manpower	Outstanding/Very Good/Good/Poor
e) General <u>behaviour</u>	Outstanding/Very Good/Good/Poor

Note: All columns should be filled in properly

“Countersigned”
Reporting Officer with Office Seal

Signature of the
Officer of the rank of Superintending Engineer or equivalent

ANNEXURE – V

FORM OF WORKING CAPITAL CERTIFICATE FROM A SCHEDULED BANK

(Applicable only for Class I, II, III & V relevant category of unemployed Degree/Diploma engineers)

Certified that Shri/Smt./M/s S/o/W/o and resident(s) of has/have 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/her/their account No. for the last six months.

This certificate is issued on the request of Shri/Smt./M/s for obtaining enlistment/revalidation of Enlistment in RIMS in (Name of category) Class.....

Signature
For the Bank

- Note: 1) Bankers' certificates should be on letter head of the Bank, sealed in cover addressed to enlistment authority.
2) In case of partnership firm, certificate to include names of all partners as recorded with the Bank.

ANNEXURE – VI

FORM OF BANKERS' CERTIFICATE FROM A SCHEDULED BANK

This is to certify that to the best of our knowledge and information M/s./Sri.....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.

This certificate is issued on the request of Shri/Smt./M/s for obtaining enlistment/revalidation of Enlistment in RIMS in (Name of category) Class.....

(Signature)
For the Bank

- Note: 1) Bankers' certificates should be on letter head of the Bank, sealed in cover addressed to enlistment authority.
2) In case of partnership firm, certificate to include names of all partners as recorded with the Bank.
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