

## Vendor Verification Form

Sl. No.	Particulars	Details																									
1.	<b>Name of the Organisation</b>																										
2.	<b>Year of Establishment</b>																										
3.	<b>Nature of Organisation</b>																										
4.	<b>Address of the Organisation</b>	<p><b><u>Permanent Address:</u></b></p> <p>Phone: E-mail: Web-site:</p> <p><b><u>Branch Address:</u></b></p> <p>Phone: E-mail: Web-site:</p>																									
5.	<b>Details of Promoter of the Organisation</b>	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 20%;">Name &amp; Designation</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Ph. No.</th> <th style="width: 20%;">Qualification</th> <th style="width: 25%;">Networth as on ____)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name & Designation	Address	Ph. No.	Qualification	Networth as on ____)																				
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6.	<b>Types of Services Offered by the Organisation</b>  (Mention Product line/Services offered at present)																										
7.	<b>Detail about the Infrastructure available with the Organisation</b>	1. Staff strength: a) Technical b) Non-Technical 2. Office: a) Rent/Owned b) Spare of Office c) Proof of occupancy 3. Equipments: a) Computer/Lap-Tops b) Printer c) Internet (Y/N) d) Air Condition e) Vehicles (Type & Nos. )																									
8.	<b>GST Registration</b>																										

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9.	PAN				
10.	Financial Facilities (Mention the name of Bank, Address & detail of financial facilities availed)				
11.	Experience of similar work/assignments done in past				
12.	Turnover of your Organisation in the last three years:	F.Y.	Total	Product# 1	Product # 2
		2014-15			
		2015-16			
		2016-17			
13.	Strength of your organisation				
14.	What is your realistic expected Turnover from the proposed business of Roof Top Solar PV		Yr. 1	Yr.2	Yr.3
		Industry			
		Institutes			
		Commercial			
15.	Preferable Product Line (Please Tick)	1. Roof Top Solar PV 2. Solar Water Pumps 3. Solar Mobile Generator			
16.	Name of the Key Persons who will be responsible for		Name	Signature	Ph. No.
		Signing Agreement			
		Signing Orders			
		Signing Cheques			

Name, Designation & Signature of Promoter of the Organisation	Stamp/Seal of the Organisation
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