

APPLICATION FORM FOR EMPANELMENT
(For Repairing/Renovation/Reconstruction Works under PDNA-2022)
District: Cachar, Assam

1. GENERAL INFORMATION:

Sl. No.	Particulars	Details (To be filled by Applicant)
1.	Name of the Applicant / Firm / Contractor	
2.	Type of Entity (Tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Firm <input type="checkbox"/> Agency <input type="checkbox"/> Company
3.	Registration Category (Mandatory registration. Of PWD Building is required)	<input type="checkbox"/> APWD (Building) <input type="checkbox"/> CPWD <input type="checkbox"/> Other Govt. Registered Body
4.	Registration Number with Validity	Reg. No.: _____ Valid up to: _____
5.	PAN No.	
6.	GST Registration No.	
7.	Udyam / MSME Registration No. (If applicable) (Not mandatory)	
8.	EPF/ESIC Registration (If Applicable)	

2. COMMUNICATION DETAILS

Sl. No.	Particulars	Details
1.	Registered Office Address	
2.	Correspondence Address (If different)	
3.	Name of Authorized Contact Person	
4.	Mobile Number	
5.	Email ID	

3. FINANCIAL DETAILS (LAST 3 YEARS)

Financial Year	Annual Turnover (₹)	Profit/Loss
2021-22		
2022-23		
2023-24		

(Attach copy of audited balance sheet/ITR acknowledgment)

4. WORK EXPERIENCE DETAILS

Sl. No.	Nature of Work	Dept./Organization	Year of Completion	Project Value (₹)	Status (Completed/Ongoing)
1.					
2.					
3.					

(Attach Work Orders/Completion Certificates/Experience Certificate)

5. TECHNICAL RESOURCES (OPTIONAL)

Sl. No.	Resource Type	Quantity	Remarks
1.	Skilled Manpower		
2.	Unskilled Manpower		
3.	Machinery/Tools/Equipment		

6. DECLARATION

I, _____, hereby declare that:

- The information provided above is true to the best of my knowledge.
- I have read and agree to abide by the empanelment terms and conditions issued by **District Disaster Management Authority (DDMA), Cachar.**
- I understand that empanelment **does not guarantee award of work**, and engagements will depend upon availability of funds and work requirements under **PDNA-2022.**
- Any false information may lead to rejection/cancellation of empanelment.

7. DOCUMENTS TO BE ATTACHED (Self-Attested)

(Please tick)

Sl. No.	Required Document	Tick
1.	Contractor/Firm Registration Certificate	<input type="checkbox"/>
2.	PAN Card	<input type="checkbox"/>
3.	GST Registration Certificate	<input type="checkbox"/>
4.	Address Proof	<input type="checkbox"/>
5.	Bank Account Details with Cancelled Cheque	<input type="checkbox"/>
6.	Work Completion Certificates/Experience Certificate / Work Orders	<input type="checkbox"/>
7.	Latest 3 Years ITR / Financial Statements/Financial Competency Certificate	<input type="checkbox"/>
8.	MSME/Udyam Registration (If applicable)	<input type="checkbox"/>
9.	Any other relevant document	<input type="checkbox"/>

(Signature of Applicant)

Name: _____

Designation (if applicable): _____

Date: ____ / ____ / 2025

Place: _____

FOR OFFICE USE ONLY

Parameter	Status	Remarks
Document Verification	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Empanelment Category (to be decided by the Committee)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Approved / Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Validity of Empanelment	From:/...../2025 To:...../...../2027	
Signature of Screening Committee member(s)		
Date		