

JMC Projects (I) Ltd.

Doc. No : FCN-BB-02 (R0)

Date : 18/02/2003

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SUB CONTRACTOR'S BIO DATA

Date :

1. Name of Organisation -
2. Name of Director/ Proprietor:
3. Address. With phone and fax details -

Permanent address	Present / Contact address

4. Contact Person :
5. Type of Service offered

Sr. No.	Type of Service	Remarks
1.		
2.		
3.		
4.		
5.		

6. Previous experience with JMC: Years _____ Months _____
7. Experience with other companies

Sr. No	Company	Project	Strength	Duration month/ yr	Remarks/Type of work done and experience

8. Region of interest to work
Anywhere in India OR Specify the Region interested :
9. Mobilisation time required – with strength . -

Initials of Director/Proprietor/Owner

For Office Use Only

- Remarks if any :
- Recommended & Approved : Yes / No :
- Category (C / D / E as defined in JMC Purchase Manual):

Signature

DATE:

Name of Project In charge / head :

Location (RO/ Site) :

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(For Special Works Only)

- Yes/No**
11. Are you Registered with any government or semi government or any other organisation? (If yes Give details)
12. Are you Registered under labour law?
13. Are you Registered under Sales tax act?(If yes Give Details)
14. Give number of Skilled /Trained manpower available with you.
15. Details of tools/Equipments/Machinery available with you which can be mobilized for the work.
16. Turnover of your company in last three years.
- | | | | | | |
|-------|--|-------|--|-------|--|
| Year- | | Year- | | Year- | |
|-------|--|-------|--|-------|--|
17. Income Tax clearance certificate attach or not? **Yes/No**
18. Do you have the following facilities available?
- a. Do you have testing facilities available with you ? **OR** Can you provide test certificate for the material supplied by you?
- b. Do you have any approved / Established Quality Assurance System Like ISO 9000, etc. (If Yes Specify)
- c. Does your product confirms to IS or any other Standard?(If yes Specify)

Initials of Director/Proprietor/Owner

Approved by _____
Project In charge / Head
Date: