Form No.:	Date:	

Shortlisting form for supply of various goods and services for the Fiscal Year 2082/83

		i iscai i c	.u	002/03			
Nam	e of Firm / Company						
Com	pany's Address						
Cont	act Person						
Telephone Number				Mobile Number			
Registered With							
Registration Number				Registration Date	2		
PAN Number				VAT Number			
Country Of Registration		Nepal Other (Please mention if other than Nepal)					
Nature of Business (Please Tick) Number of years in the sai		1. Stationary and Printings 2. Computer and Accessories and Allied Products 3. Furniture and Security Equipment's 4. Office equipment's 5. Other Services					
Yearly average turnover de		uring last 2 years (Rs.)			Number of Staff		
Proprietor / Partner's / Shareholder							
S/n	Name			% Holding	Address		

Company Profile (Details of present prime clients)								
	Please quote status code:							
	"C" = Completed, "O"= Ongoing, "A"= Awarded							
S/n	Name of the client	Contract Amount	Duration	Status	Remarks			

Note: Please attach renewed copies of all documents as per EOI notice including dealership certificate, if any
Authorized Signature:
Authorized Person:
Firm/ Company Stamp: