

ANNEXURE -1

**GOVT. OF NCT OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
CHACHA NEHRU BAL CHIKITSALAYA ,GEETA COLONY, DELHI-31.
(Under Maulana Azad Medical College)**

PRE QUALIFICATION BID

CHECK LIST

NAME OF THE GROUP: _____
DUE ON _____
GROUP NO. _____

Before submitting the tender, the tenderer should check the following enclosures duly attested by the Gazetted Officer (to be submitted with pre qualification bid).

S.NO.	PARTICULARS	YES	NO
1	EMD FOR RS. _____ in the form of FDR in favour of "DEAN , Maulana Azad Medical College New Delhi" for a period of 18 months from the date of submission. EMD by cheque / D. D or in any other form is not acceptable .		
2	Certified copy of Permanent Account Number		
3	Certified copy of Sales tax/VAT number		
4	Annual turnover of last financial year.		
5	Undertaking		

Please note that failure to submit any one of the above certificates / documents shall render the tender invalid.

Signature of tenderer (s)

Name of the tenderer (s)

Address of the tenderer (s)

TENDER ACCEPTED FOR FURTHER PROCESSING _____

TENDER REJECTED FOR FURTHER PROCESSING _____

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TENDER OPENING COMMITTEE