

**NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH &
MEDICAL SCIENCES,**

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)
Mawdiangdiang, Shillong – 793018

No. NEIGR-CL/EMP/84/2013

Dated: 02/02/2015

NOTICE FOR EMPANELMENT/REGISTRATION AS SUPPLIERS/VENDORS

Sealed application on behalf of the Director, NEIGRIHMS, Shillong are invited from reputed Suppliers/Vendors for Empanelment as Suppliers/vendors for the Supply of Books, Supply of Journals, Supply of E-Resources with NEIGRIHMS, Shillong for a period of 3 years subject to satisfactory performances.

The application should be addressed **To The Director, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Mawdiangdiang, Shillong-793018** and will be received at the office of the Deputy Director (Administration), NEIGRIHMS upto **14:00 hours** on **03/03/2015** and will be opened on the same day in the presence of tenderers or their authorized agents at **14:30 hours**.

Sd/
Director
NEIGRIHMS

I. CATEGORIES OF ITEMS/SERVICES

Application for one or more than one or all categories are invited for registration /empanelment of suppliers by **NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES** Mawdiangdiang, Shillong – 793018

Sl.No.	Description
Category I	SUPPLY OF BOOKS
Category II	SUPPLY OF JOURNALS
Category III	SUPPLY OF E-RESOURCES
	a. E-Books
	b. E-Journals

APPLICATION FOR ENLISTMENT AS SUPPLIER/VENDOR

Category No	Descriptions of the category of items/services for which the application for empanelment is submitted

(Application form should be filled in Capital Letters)

(Please see Annexure “A” for instructions and Annexure “B” for Terms and Conditions for registration of Suppliers/Vendors and list of items before filling in the information. Where required documentary proof be submitted in support of the information given)

1. Name of the Firm/Company:

2. Nationality

a. Indian []

b. Other []

3. Address:

a. Registered Office:

Telephone No. : _____

Fax No. : _____

Email ID : _____

Web Site (if applicable) : _____

b. Head Office:

Telephone No. : _____

Fax No. : _____

Email ID : _____

Web Site (if applicable) : _____

c. Attach separate paper for address of branch/other offices:

d. Number of Technical Manpower:

4. Status of the Firm/Company. Please enclose Registration Certificate.

- a. Individual []
- b. Sole Proprietorship firm []
- c. Partnership Firm []
- d. Public Limited Company []
- e. Private Limited Company []

5. If Partnership Firm, Names of the Partners/If Company, Name of Director's

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

6. Is the individual/sole proprietor/ any partner/ director of company:

- a. Dismissed Government Servant : Yes [] No []
- b. Removed from approved list of Suppliers/Vendors : Yes [] No []
- c. Having business banned/suspended by any Government in the past : Yes [] No []
- d. Convicted by a court of Law : Yes [] No []
- e. Retired Officer/ official from Officering Department of Govt. of India within last One Year : Yes [] No []
- f. Director or partner of any other Company/firm enlisted with NEIGRIHMS, SHILLONG or any other department : Yes [] No []
- g. Member of Parliament or any State Legislative Assembly : Yes [] No []

If answer to any of the above is 'Yes' furnish details on a separate sheet

7. Please provide an affidavit on a non-judicial stamp paper of Rs. 100.00 for not having blacklisted for minimum three (03) years by any of the Institutes or Universities or Government organizations in India.

8. Name of the person holding power of attorney :

-
- a. Nationality Indian [] Other []

9. Name of Bankers with full address

Telephone No. : _____

Fax No. : _____

Email ID : _____

Web Site (if applicable) : _____

10. Whether already supplied to NEIGRIHMS, Shillong or any other department

a. Yes []

b. No []

11. If Yes, give details:

a. Name of department : _____

b. Order No. & date : _____

12. Is any person working with the applicant is a near relative of the officer/ official of NEIGRIHMS, SHILLONG. If yes, give details

a. Yes

b. No []

13. Enlistment Processing fee enclosed

Draft No.	Date	Amount	Issuing Bank & Branch	Branch Drawn upto	In whose favor drawn

14. Kindly provide the list of Clients and details of annual turnover of the firm for the last three consecutive years with documentary evidence.

15. The Supplier/Vendor should be having the experience in supply of Books/Journals (Indian and Foreign) to 5 Government Medical Institution/Hospitals or Government Autonomous Medical Institution at the State/ Central level for the last 5 years regularly. Kindly provide the order copy from Clients for all eligible Supply.

16. The Supplier/Vendor should have supplied in last three years from the date of Ordering, atleast 90% of the total order. Attach latest Performance Certificate from 3 libraries served during the last 3 years.

17. Please tick mark and provide documentary proof of your membership in any of the following associations:
- i. Good Offices Committee (GOC) : Yes/No
 - ii. Federation of Publisher's and Book Sellers Association of India (FPBAI) : Yes/No
 - iii. Any other State/National Association(s) of Book Suppliers : Yes/No

18. Is the firm an Income Tax payee? If so, please attach one copy of Income Tax returns of last three consecutive years and also a copy of PAN card of the partners/owners.

a. Yes

b. No []

19. Are you a distributor/dealer/stockiest/exclusive/preferred agent of any publisher? If so, please attach copies of the authority letters issued by the publishers along with the details of your distributorship / dealership / stockiest/ exclusive or preferred agents.

a. Yes

b. No []

20. Declaration

- i. I/We (including all partners) certify that I/ We have read the Rules of enlistment of Supplier/Vendor in NEIGRIHMS, SHILLONG as amended upto-date and shall abide by them.
- ii. I/We certify that the information given above is true to the best of our knowledge. I/We also understand that if any of the information is found wrong, I/We are liable to be debarred.
- iii. I/We certify that I/We will not get myself/ourselves registered as Supplier/Vendor in the department under more than one name.
- iv. (a) I certify that I did not retire as an Officer of Gazetted rank or as any gazette Officer employed on Officering or Administrative duties in any Officering department of the Government of India during the last one year. I also certify that I have neither such person under my employment nor shall I employ such person within one year of his retirement except with the prior permission of the government (for individual seeking enlistment in their own name)

(b) We certify that none of the partners/Directors retired as an Officer of Gazetted Rank or as any Gazetted Officer employed on Officering or Administrative duties in the last one year. We also certify that we have neither under our employment any such person nor shall we employ any person within one year of his retirement except with prior permission of the Government. (For partnership firms and limited companies).

- v. I/We also hereby declare that all matters related to NEIGRIHMS Shillong shall be treated as confidential and no information shall be passed on to any unauthorized person without written permission of the Competent Authority
- vi. I/We also undertake the responsibility to communicate all subsequent changes in the constitution or working of firm, affecting the accuracy of the facts, stated above.

(Strike out whichever is not applicable)

Signature(s) of applicant (s):

Name	Signature	Address
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1

2

3

Date:

No of Documents attached

Place:

Date (with Firm's Seal):

INSTRUCTIONS TO APPLICANTS APPLYING FOR EMPANELMENT OF THEIR FIRM WITH NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, SHILLONG

1. Application for one or more than one or all categories should be submitted. A firm can apply upto maximum of three categories of items/services along with prescribed document fee. The selection will be made purely based on merits.
2. Application form for empanelment can be downloaded from the website of the Institute i.e. www.neigrihms.nic.in and the same can be submitted along with the cost of application form of **Rs. 1000/- (Rupees One Thousand Only - non refundable) in the form of Account Payee Demand Draft drawn in favour of "Director, NEIGRIHMS" payable at "Shillong"**
3. The application superscribing the **Number and Name of the Category of the items** for which the application for empanelment is submitted, addressed to **The Director, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Mawdiangdiang Meghalaya Shillong – 793018**, and should reach the above address on or before **3rd March 2015 upto 14:00 hours**.
4. All pages/documents including annexures of the application should bear the date and signature of the applicant. All the entries by the applicant should be in one ink & legibly written. Any over-writing corrections & cuttings should bear date and signature of the applicant. Corrections should be made by writing again instead of shaping or over-writing.
5. Applications are liable to be ignored / rejected if the instructions contained here under are not correctly carried out.
6. Answers to questions in the application form should be definite, complete and legible.
7. Wherever the space provided for answers is insufficient, details should be given neatly typed in additional plain sheets giving reference to the corresponding question no.
8. Registration will be effective from the date of issuing the enlistment letter. It is the responsibility of the applicants/suppliers to apply well in advance and before the expiry date.
9. Registration may be cancelled without prior intimation due to any of the following reasons.
 - a) Non-fulfillment of contractual terms.
 - b) Failure to submit valid income tax clearance certificates.
 - c) Any other ground, in the opinion of the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong deems fit, or renders the retention of the registration undesirable.
10. The application form is not transferable. Applicants shall ensure the confidentiality of contents of this application.
11. The NEIGRIHMS also reserves the right to categorization of the empanelment during the validity period.
12. The NEIGRIHMS also reserves the right to include any of the suppliers under the different categories at any time during the operating period of this empanelment.

TERMS AND CONDITIONS FOR REGISTRATION OF SUPPLIER/VENDOR

1. On behalf of the Director, NEIGRIHMS, Shillong, applications are invited from reputed Suppliers/Vendors for Empanelment as Suppliers/Vendors with NEIGRIHMS, Shillong for the under mentioned services and supplies for a period of 3 (three years), subject to satisfactory performances. Performances evaluation will be carried out every year and Suppliers/Vendors whose performance is not found satisfactory, fail to abide by the terms and conditions of registration or fail to supply Books / Journals on time are liable to be removed from list.
2. The registration will be carried out for the following types of supplies:-
 - i. Supply of Books
 - ii. Supply of Journals.
 - iii. Supply of E-Resources
 - Supply of E-journals
 - Supply of E-books
3. The Suppliers/Vendors can submit their applications to the Director, NEIGRIHMS, Mawdiangdiang, Shillong – 793018 within 30 days of publication of this notice.
4. The following documents should be furnished along with the application for registration.
 - Performance details of the firm for the last three years.
 - Latest Income Tax, Sale Tax and VAT clearance/paid certificate. Photocopy of the PAN card should be attached
 - Proof of previous experience, in the subject applied for, is to be given.
 - Ownership certificate of the firm.
 - Whether registered with any other Government Medical Institution/Hospitals or Government Autonomous Medical Institution at the State/Central level for supply of Books/Journals/ E-Resources to be mentioned with proof.
 - Actual financial standing of firms with Bank reference must be stated.
5. The Suppliers/Vendors who are presently supplying or had been supplying in the past are to apply afresh, stating the nature of supplies / services for which they intend to be registered, failing which their name will not be registered.
6. All copies of supporting documents submitted must be authenticated by a Class-I Magistrate/Notary/Gazetted officer.
7. The Suppliers/Vendors selected for empanelment will be notified automatically. However, registration in no way will imply that orders are assured to the firms.
8. Institute reserves the right to either accept or reject any application without assigning any reasons thereof regarding registration.
9. Any dispute that may arise will be subject to the jurisdiction of Shillong courts.

10. In case orders are placed and in case of decreased rate, bill should be in accordance with the decreased rates. Suppliers/Vendors is required to certify that rates have not reduced than what has been charged in the bill.
11. The Suppliers/Vendors shall have to pay a non-refundable tender fee by crossed DD/Bankers Cheque of Rs.1000/- (One Thousand) only drawn in favour of Director, NEIGRIHMS, Shillong.
12. On being registered as a Suppliers/Vendors and on placement of order, a Security deposit of **Rs. 2,00,000/-** is to be pledged to NEIGRIHMS in the form of fixed deposit from a Nationalized Banks, valid for a period of 3 years plus 60 days.
13. The above security deposit will be refunded to the Suppliers/Vendors only on successful completion of the duration of empanelment i.e., three years from the date of commencement of empanelment plus sixty days. Any default on the part of the vendor will lead to forfeiture of security to NEIGRIHMS and the vendor will have no claim on it.
14. The successful Suppliers/Vendors should obtain a valid trading license issued by the Khasi Hills Autonomous District Council, Shillong within 15 (fifteen) days from placement of Supply Order; failing which order shall stands withdrawn.

APPLICABILITY:

1. NEIGRIHMS, SHILLONG enlists Suppliers/Vendors who intends to supply or provide services to this Institute. At the same time only those Suppliers/Vendors are allowed to continue in the list that remain active in NEIGRIHMS, SHILLONG and perform well. Any Individual, Sole Proprietorship Firm, Partnership Firm, Public Limited Company or a Private Limited Company may apply for enlistment as a Suppliers/Vendors in NEIGRIHMS, SHILLONG under these Rules provided the eligibility criteria and other conditions are satisfied. The enlisted Suppliers/Vendors has to abide by all the rules made herein and as amended from time to time during the currency of their enlistment.
2. No individual, or a firm having such individual as one of the partners, who is a dismissed government servant; or removed from the approved list of Suppliers/Vendors; or demoted to lower class; or having business banned/suspended by any government department in the past; or convicted by a court of law shall be entitled for enlistment.
3. No Officer or any other official employed in Officering or Administrative duties in the Officering Department of the Government of India/State Government is allowed to work in the NEIGRIHMS, SHILLONG either as supplier or as employee of a supplier for a period of one year after his retirement from Government service unless he has obtained prior permission of Government of India to do so. Even after enlistment, if either the supplier or any of his employees is found to be a person who had not obtained the prior permission of Government of India/State Government as aforesaid, the name of the Suppliers/Vendors shall be removed from the list of enlisted Suppliers/Vendors.
4. A Supplier/Vendor is permitted to have enlistment in more than one category and under more than one enlistment authority but not in more than one class of the same category in NEIGRIHMS, SHILLONG.
5. A Supplier/Vendor is not permitted to have enlistment in more than one name.

6. A partner of a firm or a Director of a company enlisted as a Suppliers/Vendors cannot be a partner/director in any other enlisted firm/company in NEIGRIHMS, SHILLONG.
7. A Supplier/Vendor will not be enlisted if it was enlisted in any category or class earlier but had remained inactive in NEIGRIHMS, SHILLONG during its previous enlistment period.
8.
 - i. The Suppliers/Vendors must be registered under Companies Act/ partnership Act/ Sole Proprietorship Firm.
 - ii. The annual turnover of the Suppliers/Vendors for the last three financial years must be 1.2 crore per annum duly certified by the Auditor/Chartered Accountant.
 - iii. The Suppliers/Vendors must be an authorized distributor/dealer of Medical Books of foreign publishers like Elsevier, Taylor and Francis, Springer, Wiley, Oxford, Cambridge, Lippincott William & Wilkins etc. Proof must be attached.
 - iv. The Suppliers/Vendors must be a supplier to 5 Government Medical Institution/Hospitals or Government Autonomous Medical Institution at the State/ Central level for the last 5 years and order copy for the same can be taken for verification.
9. Please provide documentary proof of your membership in any of the following associations:
 - i. Good Offices Committee (GOC)
 - ii. Federation of Publisher's and Book Sellers Association of India (FPBAI)
 - iii. Any other State/National Association(s) of Book Suppliers
10. The Suppliers/Vendors shall provide a list of agencies (Government/Statutory bodies/Professional, educational institutions/State /central universities) along with annual sales turnover for the last three years.
11. The Suppliers/Vendors shall provide an affidavit on a non-judicial stamp paper of Rs. 100.00 for not having :
 - i. Blacklisted for minimum three (03) years by any of the Institutes or Universities or Government organizations in India.
 - ii. The Supplier/Vendor shall submit an affidavit on non-judicial stamp paper declaring that there is no CBI case/ Criminal cases against them.
12. The period of Empanelment/Registration would be for three years from the date of award of contract and it may be further extended only till finalization of next empanelment/registration on satisfactory performance of supplier.
13. The Suppliers/Vendors should have supplied in last three years from the date of Ordering, atleast 90% of the total order.
14. The documents will be rejected if it is-
 - i. Incomplete
 - ii. Not properly filled.
 - iii. Received after the due date
 - iv. Not accompanied with accounts payee demand draft worth Rs.1000 for document fee (if downloaded from NEIGRIHMS website)
15. The Institute reserves the right to change or modify or amend or substitute any clause in the terms and conditions that are listed above if required, at any time.

16. All disputes and differences arising out or concerning the empanelment shall be subject to the sole arbitration of Director, NEIGRIHMS or his nominee. The decision of the arbitration shall be final & binding on both the parties. The empanelment will be interpreted under Indian Laws and disputes settled within the jurisdiction of Shillong Courts.

17. Purchase Orders:

- i. Supply has to be made strictly against the purchase orders.
- ii. Sending the acknowledgement of the receipt of purchase order, which is taken as acceptance of the purchase order, is mandatory, preferably by email.
- iii. Any clarification/query regarding the purchase order should be sought from the Library within one week (7) days of receipt of the order.

18. Supply:

- i. The supply should be free of freight charges.
- ii. Consignee and Mode of Dispatch: The Books/Journals should be sent to **THE LIBRARIAN, Central Library, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences Mawdiangdiang, Shillong – 793018, MEGHALAYA, INDIA** by Speed Post Parcel/Registered Parcel/Person.
- iii. The charges will be borne by the supplier. Books/Journals sent via V.P.P. will not be accepted.
- iv. Institute shall not be responsible for any loss of Books/Journals during transit.

19. Invoicing procedure:

- i. Pre-receipted invoice(s)/bill(s) are to be submitted in quadruplicate (4 copies).
- ii. A revenue stamp should be affixed on the original bill and should be signed by authorized signatory.
- iii. Invoice should be raised to **THE LIBRARIAN, Central Library, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences Mawdiangdiang, Shillong – 793018, MEGHALAYA, INDIA.**
- iv. One invoice should be raised against one purchase order (P.O.) only. Titles from different P.O.s should not be combined and supplied under one invoice.
- v. The lowest conversion rates will be considered for processing of bills of Supplier/Vendors either as on date of placement of order or date of invoicing.

20. Institute's Bankers is "Bank of Baroda", Police Bazar, Shillong-793001.

21. **Liquidated damages** – If the supplier fail to deliver part or whole of the ordered books or fail to perform the services within the time frame(s) incorporated in the Order, the purchaser shall, without prejudice to other rights and remedies available to the purchase under the Order, deduct from the Bill, as liquidated damages a sum equivalent to 0.5% per week of delay or part thereof for delay of supply of books and/or services until actual delivery, upto a maximum of 10 % of the Bill.

- i. The Director, NEIGRIHMS reserves the right to approve or reject any or all the Suppliers/Vendors. His decision will be final in all cases in respect of acceptance /rejection /arbitration.
- ii. NEIGRIHMS reserves the right to add any additional Suppliers/Vendors to the approved list of Suppliers/Vendors or to place the purchase order to any of the Vendor.

23. **Change in Address** - While applying for enlistment, the Suppliers/Vendors should mention address of his Registered Office as well as Head Office, if different. All documents i.e., Bankers' Certificate etc. should bear one of the above addresses, otherwise the same shall not be accepted. The Suppliers/Vendors shall intimate the change, if any, in any of the above addresses, in advance or maximum within one month of such change along with acknowledgement of noting down of such change in address from the Bank, Income Tax, Sales Tax authorities etc. Failure to do so may result in removal of his name from the approved list of supplier.
24. **Removal from the approved list:** The name of the Suppliers/Vendors may be removed from the approved list of supplier, by the enlisting authority, if he:
- i. Has, on more than one occasion, failed to execute a contract or has executed it unsatisfactorily; or
 - ii. Persistently violates any important conditions of the contract; or
 - iii. Fails to abide by the conditions of enlistment; or
 - iv. Is found to have given false particulars at the time of enlistment; or
 - v. Has indulged in any type of forgery or falsification of records; or
 - vi. Changes constitution of the firm or Individual without prior approval of the enlistment authority; or
 - vii. Changes permanent address / business address without intimation to the enlistment authority; or
 - viii. Is declared or is in the process of being declared bankrupt, insolvent, wound up, dissolved or partitioned; or
 - ix. Persistently violates the labour regulations and rules, or
 - x. Is involved in complaints of serious nature received from other departments which prima facie appear to be true.
 - xi. Default in settlement of tax dues like income tax, Contract tax, sales tax, oc-troi, duties etc.
 - xii. Has already been demoted for other reason(s). or
 - xiii. Ceases to fulfill eligibility criteria based on which enlistment/revalidation was done. Or
 - xiv. Is considered not required to be in list of NEIGRIHMS, SHILLONG for any other reason considered fit by enlistment authority.

AUTHORISATION FORM

To

(Name and address of the purchaser)

Dear Sirs,

Ref. Your Institute Order No _____, dated _____

We, _____ who are proven and reputable distributors of _____ (Books/Journals/Non Book Materials etc.) having Head Office at _____, hereby authorise Messrs _____ (name and address of the agent) to supply, process the same further and enter into a contract with you against your requirement as contained in the above referred Order No. for the above _____ published by us.

Yours faithfully,

[Signature with date, name and designation]

for and on behalf of _____

[Name & address of the Publishers]

Note : 1. This letter of authorisation should be on the letter head of the Publisher and should be signed by a person competent and having the power of attorney to legally bind the manufacturer.

2. Original letter may be sent.

PROFORMA FOR PERFORMANCE STATEMENT

(For the period of last three years)

Order Reference No. : _____

Date of Ordering : _____

Name and address of the Supplier/Vendor: _____

Name and address of the Institute : _____

Order placed by (full address of Purchaser)	Order number and date	Description	Value of order (Rs.)	Date of completion of Supply		Remarks indicating
				As per Order	Actual	reasons for delay if any
1	2	3	4	5	6	7

Signature and seal of the Supplier/Vendor

** The documentary proof will be a certificate from the consignee/end user with cross-reference of order no. and date in the certificate along with a notarized certification authenticating the correctness of the information furnished. If at any time, information furnished is proved to be false or incorrect, the earnest money furnished will be forfeited

* In respect of above, certificate from Chartered Account can be produced with all the requisite details.

BANK GUARANTEE FORM FOR PERFORMANCE SECURITY

To
Head of Hospital/Institute/Medical College

WHEREAS _____ (Name and address of the supplier) (Hereinafter called "the supplier") has undertaken, in pursuance of contract no _____ dated _____ to supply (description of goods and services) (herein after called "the contract").

AND WHEREAS it has been stipulated by you in the said contract that the supplier shall furnish you with a bank guarantee by a Nationalised bank recognised by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give the supplier such a bank guarantee;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the supplier, up to a total of _____ (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the supplier to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the supplier before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the supplier shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to and including the _____ day of _____, 20____

.....
(Signature with date of the authorised officer of the Bank)

.....
Name and designation of the officer

.....
Seal, name & address of the Bank and address of the Branch

CHECKLIST

Name of Vendor/Supplier:

Sl. No.	Activity	Yes/ No/ NA	Page No. in the TE document	Remarks
1	Have you enclosed duly filled application form as per format?			
2	Have you provide an affidavit on a non-judicial stamp paper of Rs. 100/-			
3	Have you enclosed Power of Attorney in favour of the signatory?			
4	Have you intimated the name and full address of your Banker (s) along with your Account Number?			
5	Have you furnished Annual Report (Balance Sheet and Profit & Loss Account) for last three years.			
6	Have you submitted copy of the order(s) and end user certificate?			
7	Have you submitted satisfactory performance certificate as per the Proforma for performance statement in respect of all orders?			
8	Have you provide documentary proof of your membership?			
9	Have you provide documents that you have registered under company act/partnership act/sole proprietorship firm?			
10	Have you furnished Income Tax Account No. as allotted by the Income Tax Department of Government of India?			
11	Have you submitted publisher's authorization?			

N.B.

- 1. The Supplier/Vendor may go through the checklist and ensure that all the documents/confirmations listed above are enclosed and no column is left blank. If any column is not applicable, it may be filled up as NA.**
- 2. It is the responsibility of Supplier/vendor to go through the document to ensure furnishing all required documents in addition to above, if any.**

(Signature with date)

(Full name, designation & address of the person duly authorised sign on behalf of the
Supplier/Vendor)
For and on behalf of

(Name, address and stamp of the firm)