La falle

#### FORM-A (SeeClause5)

#### **FORMFORSUBMISSIONOFQUOTATION**

| 1.    | Name of Firm/Society/Age                      | ency:  |                 |            | :        |                         |
|-------|---|--|-----------------|------------|----------|-------------------------|
| 2.    | RegistrationNo.anddate.                       | :  |                 |            |          |                         |
| 3.    | FullAddress.                                  | :  |                 |            |          |                         |
|       |   |  | 1               |            | •        |                         |
|       |   | <del></del>  | 1               |            |          |                         |
|       |   | -  |                 |            | <u>-</u> |                         |
| 4.    | Detailsofmanpowertobe: <u>S</u> , outsourced. | /NNameofPost(  | GroupN          | lo.of      | post     | Remuneration (Permonth) |
|       | •   | 1  |                 |            |          |                         |
|       |   | 2  |                 | <u> </u>   |          |                         |
|       |   |  |                 | -          |          |                         |
|       |   | 4  |                 |            |          |                         |
|       |   | 5  |                 |            |          |                         |
|       |   | 6  |                 |            |          |                         |
| 5.    | ContactNo.                                    | 1.MobileNo   | ).              | :          |          |                         |
|       |   | 2. Landline  | eNo.            | :          |          |                         |
|       |   | 3. e-maill.I   | ).              | :          |          |                         |
| 6.    | RateofCommissionChargeof                      | fered(in%)   |                 |            |          |                         |
|       |   |  |                 |            |          |                         |
| Dated |   |  | Signatu         | re         | :        | t-                      |
| The   |   | 1  | Name o          | f Propriet | or:      |                         |
|       |   | the state of the s | In bloc<br>Seal | k Letter)  |          |                         |

### DOCUMENTSTOBEENCLOSED.

- 1. AttestedcopyofRegistrationCertificateoftheFirm.
- 2. OriginalEarnestMoneyDeposit.
- 3. GSTClearanceasthecasemaybe.
- ${\it 4. \ Financial Soundness certificate from the Bank where the applicant has an account.}$
- CertificateofCaste(SC/ST).
- 6. CertificateofPoliceVerification.

# <u>FORM-B</u> (SeeClause15)

## DEEDOFAGREEMENTUNDER

|      | On this day of 20,  | (Name of Department/                  |              |   |
|------|---|---------------------------------------|--------------|---|
| Body | y),GovernmentofMizoramonthefir  | stpartand                             |              | (N) CFirm (Contact)   |
| spec | he second part hereby enter i ified below for a period of 1(or appropriate period artment under Rule 15 of the 'Miz | ne) year from<br>with the a           | the<br>oprov | date of signing this agreement<br>al of DP & AR and Finance |
| 1.   | Designationofemployee   | :                                     |              |   |
| 2.   | Classification(Group/Category)  | :                                     |              |   |
| 3.   | Remuneration  | :                                     |              |   |
| 4.   | Rateofcommissioncharge  | · · · · · · · · · · · · · · · · · · · |              |   |
| 5.   | Placeofdeployment   | : <u>-</u>                            |              |   |
|      |   |                                       |              |   |
| (_   | Head of Deptt. Seal   |                                       |              | () Head of Agency Seal                                      |
|      |   | WITNESSES                             |              |   |
| 1.   |   |                                       | 1.           | ()  |
|      | (Designation&Office)  |                                       |              | (Designation&Office)  |
| 2.   | ()  |                                       | 2.           |   |
|      | (Designation&Office)  |                                       |              | (Designation&Office)  |