

[A] Basic Information [License]

1	Category of License	<input type="text"/>	2	Class of License	<input type="text"/>
3	Issuing Dept. Name	<input type="text"/>	4	Name of the Wing	<input type="text"/>
5	Issuing Authority	<input type="text"/>	6	Registration Number	<input type="text"/>
7	Date of Issue	<input type="text"/>	8	License Valid Till	<input type="text"/>

9	Type of Security Instrument	Security Deposit Amount (Rs.)	Validity of Security Instrument
a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c)	<input type="text"/>	<input type="text"/>	<input type="text"/>

[B] Basic Information [Licensee]

1	License / Ownership Type	<input type="text"/>	2	Organization Name	<input type="text"/>
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Details of Individual / Managing Director / Managing Partner / Secretary

3	Full Name	<input type="text"/>	4	Date of Birth	<input type="text"/>
5	Father's Name	<input type="text"/>	6	Gender	<input type="text"/>
7	Qualification	<input type="text"/>	8	Social Category	<input type="text"/>
			9	Physically Handicapped [v]	<input type="checkbox"/> Yes <input type="checkbox"/> No

[C] Present / Communication Address

1	State	<input type="text"/>	6	District	<input type="text"/>
2	Block/ULB	<input type="text"/>	7	GP/Ward Number	<input type="text"/>
3	Village / Local Area Name	<input type="text"/>	8	Habitaion/Street Name	<input type="text"/>
4	House Number	<input type="text"/>	9	PIN	<input type="text"/>
5	Mobile Number	<input type="text"/>	10	Email	<input type="text"/>

[D] Permanent Address / Registered Office [v] Same as Present Address

1	State	<input type="text"/>	6	District	<input type="text"/>
2	Block/ULB	<input type="text"/>	7	GP/Ward Number	<input type="text"/>
3	Village / Local Area Name	<input type="text"/>	8	Habitaion/Street Name	<input type="text"/>
4	House Number	<input type="text"/>	9	PIN	<input type="text"/>
5	Mobile Number	<input type="text"/>	10	Email	<input type="text"/>

[E] Statutory Compliances of Individual / Managing Director / Managing Partner / Secretary

1	PAN	<input type="text"/>	4	ADHAAR No.	<input type="text"/>
2	S.T. Regd. No.	<input type="text"/>	5	VAT Regd. No.	<input type="text"/>
3	Regd. No. (Company / Coop Society / Partnership Firm)	<input type="text"/>			

[F] Financial Health of the Licensee

#	Financial Year	Turnover (Rs.)	Net Asset Value (RS.)	#	Financial Year	Turnover (Rs.)	Net Asset Value (RS.)
1	FY 2011-12	<input type="text"/>	<input type="text"/>	4	FY 2014-15	<input type="text"/>	<input type="text"/>
2	FY 2012-13	<input type="text"/>	<input type="text"/>	5	FY 2015-16	<input type="text"/>	<input type="text"/>
3	FY 2013-14	<input type="text"/>	<input type="text"/>				

[G] Bank Details

IFS Code	District Name	Bank Name	Branch Name	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[G] Project Profile (Project Completed / Awarded on or after 01/04/2011 / Approved prior to 01/04/2011 but still on going)**Project No.** #

- 1 Department 2 Wing/Organisation
- 3 If the Dept. is PSU & Others, then complete address of the PSU
- 4 Circle Name 5 Division Name
- 6 Contract Type 7 Name of the Work
- 8 Agreement Number 9 Agreement Date
- 10 Category of Work 11 Odisha e-Proc Tender ID
- 12 Agreement Amt. (Rs.) 13 Date of Commencemnt
- 14 Stipulated Date of Completion 15 Work Status (As on 30-Sep-16)
- 16 Actual Date of Completion in case of work status is completed 17 Executed Amt. (Till 30-Sep-16)
- 18 The work order has litigation** Yes No *If Yes, then*

- a. Litigation Type *Financial (Put Amount)* *Others (Please specify)*
- b. Forum c. Case No. d. Year of Filing
- e. Present status if the litigation case

Project No. #

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- a. Litigation Type *Financial (Put Amount)* *Others (Please specify)*
- b. Forum c. Case No. d. Year of Filing
- e. Present status if the litigation case

[H] Asset (Major Equipment) Details**Asset No.** #

1 Asset Type	<input type="text"/>	2 Asset Name	<input type="text"/>
3 Make	<input type="text"/>	4 Model	<input type="text"/>
5 Purchase Date	<input type="text"/>	6 Dealer Name	<input type="text"/>
7 Invoice Number	<input type="text"/>	8 Machine / Registration No.	<input type="text"/>

Asset No. #

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5 Purchase Date	<input type="text"/>	6 Dealer Name	<input type="text"/>
7 Invoice Number	<input type="text"/>	8 Machine / Registration No.	<input type="text"/>

[H] Key Personnel [with the Licensee]**Employee No.**

#

1	Name of Personnel	<input type="text"/>	2	Date of Birth	<input type="text"/>
3	Date of Joining	<input type="text"/>	4	Designation	<input type="text"/>
5	Qualification	<input type="text"/>	6	Professional Experience	<input type="text" value="Year"/> <input type="text" value="Month"/>
7	AADHAAR Number	<input type="text"/>	8	PAN	<input type="text"/>

Employee No.

#

1	Name of Personnel	<input type="text"/>	2	Date of Birth	<input type="text"/>
3	Date of Joining	<input type="text"/>	4	Designation	<input type="text"/>
5	Qualification	<input type="text"/>	6	Professional Experience	<input type="text" value="Year"/> <input type="text" value="Month"/>
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Employee No.

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Employee No.

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Employee No.

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