**Application Form**

1. Firm Name :- …………………………………………………………………………..
2. Head Office Address :-………………………………………………………………...

 Telephone:-……………………….. Fax………………………………

 Email…………………………………………………………………..

1. Responsible Person……………………………………………………………………..

Position…………………………………………………………………...

Telephone………………… Mobile………………. Fax:-…………….

 Email:-…………………………………………………………………

1. Firm Registration No…………………… RegisteredOffice………………………..

Date………………………………………………………………

1. PAN/VAT Registration No………………………. Date………………………….......
2. Business Type/ Purpose :…………………………………………………………….
3. Financial Situation of Last Two Years. ( Attach Audited report of Two years)

Information from Balance sheet

|  |  |  |
| --- | --- | --- |
| Fiscal Year | 1 | 2 |
| Total Assets |  |  |
| Total Liabilities |  |  |
| Net Worth |  |  |
| Current Assets |  |  |
| Current Liabilities |  |  |

 Information from Income Statement

|  |  |  |
| --- | --- | --- |
| Fiscal Year | 1 | 2 |
| Total Revenues |  |  |
| Profit Before Tax |  |  |
| Profit After Tax |  |  |

Financial Resources ( Add if required )

|  |  |  |
| --- | --- | --- |
| No. | Source of Financing | Amount |
| 1 |  |  |
| 2 |  |  |

 Note – The letter from the bank must be unconditional

 8. Rate and details of the Equipment’s that the firm can supply as of annex-1

 Brief Specification of Equipments

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.N. | Name of the equipment | Estimated per unit cost( including VAT if applicable) | Trade Name | Brand | Manu- factureCompany | Per unit cost ( Including VAT & Tax) |
| Rate in figures | Rate in words |
| 1 | **स्प्रेयर ( Battery Cum Manual )मेशीन** | 4500 प्रति गोटा |  |  |  |  |  |

**Note:-**

* **if the proposed amount of the above Sprayer (Battery cum Manual) is greater than estimated per unit cost then the firm/company who has been proposed that amount will be eliminated.**
* **Please submit deposit voucher or bank guarantee of 5% of the Total Amount (NRs.) that the firm can supply in current FY. If not submitted the firm will not be eligible for evaluation.**

9. Dealer, Branches and Distributes in the country

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name | Address | Contact person | Email | Telephone | Mobile |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Submit copy of dealership agreement with firm registration, PAN or VAT registration otherwise will not be considered for evaluation.

10. Professional Experiences

 11. Specific Experience ( Please submit supporting documents)

I hereby declare that the above submitted information are true and correct based on relevant documents and our knowledge and we are not ineligible to participate in the expression of interest, has no conflict of interest in the proposed procurement proceedings and has not been punished for the profession or business related offence.

 (Signature of Authorized Person)

Office stamp

 Name ………………………….

 Position ………………………..

**कृषि यन्त्र उपकरणको प्राविधिक स्पेशिफिकेशन**

1. **स्प्रेयर ( Battery Cum Manual )मेशीन**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Particulars | Required Specification | Offered Specification  | Remarks |
| 1 | Chemical Tank Capacity | At Least 16 liter |  |  |
| 2 | Power Source | Battery /Manual |  |  |
| 3 | Working Pump | 12 v powered Diaphragm pump (3300rmp) |  |  |
| 4 | Battery | 12 V(8AH) |  |  |
| 5 | Battery Full Charging Time  | 5 to 8 hr |  |  |
| 6 | Battery Backup | At least 4 hours |  |  |
| 7 | Charger Input/Output | 100-240VAC,50Hz/12V DC 1A |  |  |
| 8 | Spray Flow | 2100ml/min |  |  |
| 9 | Warranty | Not less than 6 months free for both parts and services |  |  |

|  |  |
| --- | --- |
| Delivery Place | **AllAgriculture Inputs should be delivered to:**Agriculture Knowledge CentreKalaiya (Bara), Madhesh Province, Nepal |

**Signature of Supplier………………….**

**Date……………………………**