Contractor Registration Form

	<u> </u>	1	<u> </u>	1.5	
[A] General					
Contractor For					
Name of the Company					
Type of Contract		With Mate	rial & I	abour / On	ly Lab
Registered Office Address					
Local Office Address					
Telephone No :					
Facsimile No:					
Email	1 20	·			- 1
[B] Organizational Details			19.7		
Name and Designation of contact person			- 14	 	
Traine and Designation of Contact person					4.1
Contact person's Mobile / Telephone No.					
Contact person's email / fax no.					77.3
Contact person's chian / lax no.					
Status of Company :-		Ltd / Pvt	Ltd	/ Partners	hin
Status of Company.		Proprietors		, rurthore	р
Current		roprictor	3111 D		
CEO / MD / Chairman / Partner	1				
Proprietor's Name	<i>'</i>				
Has the organization previously dealt in a	nv				
capacity or whatsoever with Joy Group					
the past? If yes please enclose addition		. [.	Yes	No	
details with this sheet	IIIII		105		
Turnover for the past 3 years		·		·	
Reputed companies with whom register	hor				
as approved contractor for similar wo	rk				
with contact person's name & Tel/Mbl. N					
(if required, attach separate sheet)	.10.				
Pending Legal Matters (if any)					- 1 - 1
[C] Registration Details		<u> </u>			
				-	
PAN No.				<u> </u>	
VAT No.					
Service Tax No.		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>- 40°0;</u> - 40°0;
TIN No.			- 2		<u> </u>
P. F. No.		·			
Sales Tax No.					<u> </u>
Workmen Compensation Policy No.		 		<u></u>	<u> </u>
	llid]	From:		To:	
Labour License No :		·			
Va	lid 1	From:		To:	
Others Registration (if any)					100

[2]	Past Exp	erience i	n Projects:	(Attach Se	<u>parate Sheet)</u>
					•

Sl. No.	* Type	Name of Project	Area	Cost of Project	Value of work done	Completion Time	Clients Name
1:	٧						
	- 1						

^{*} Residential / Commercial / Malls / Hospitality / Multiplex / Infrastructure

[3] Present Projects in Hand: (Attach Separate Sheet)

Sl. No.	* Type	Name of Project	Area	Cost of Project	Value of work done	Completion Time	Clients Name
	3.77						
					• .		

* Residential / Commercial / Malls / Hospitality / Multiplex / Inf	frastructure
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Preferred geography of operation that Joy Group would like the contractor to operate in:

[4] <u>Others:</u>

	the second secon	Annual Control of the	
Mobilisation Time			
Credit Period			
Payment Terms			
Production Capacity in value			
Workforce Strength	*		
Workshop Facilities			
Machineries (if required attach separate sheet)			

5]	Additional Details	<u>(if any):</u>		
, –				
			· · · · · · · · · · · · · · · · · · ·	
_				1.1.1.

Contractor's Name:				
	A ⁴ *			
(Signature)				
(Signature)				• 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of the person			•	
(Company Seal)		W		
(C)				
$(x_1, x_2, \dots, x_n) \in \mathbb{R}^n$	For	Office Use		
	<u>ror</u>	Office Use		
		:	-	
Minimum requirements		Yes	No	
Reasons for rejection (if r	ninimum requirer	nents not met)	in the second se	
		* .		
Prepared By:				
Trepared by.	*			
(Signature)				
		•		
Name of the manage				
Name of the person		•		
Designation				