

**Denote:   \*\* Essential  
              \* Preferred**

**(To be submitted on Company's letter head)**

**PRE-QUALIFICATION OF MANUFACTURERS FOR SUPPLY OF BOPP BAGS**

<b>I</b>	<b>NAME AND ADDRESS OF THE MANUFACTURERS:</b>			
	<b>A</b>	Regd Office	Phone No	Fax No
	<b>B</b>	Works at	Phone No..	Fax No
	<b>C</b>	E-mail ID		
	<b>D</b>	Name of Owner(s), Proprietors & all Directors/ Partners with full address		
	<b>E</b>	Name of Associated Companies/Branches, if any and ADDRESS		
<b>2</b>	<b>Factory Registration details (please specify and attach copy of documentary evidence)</b>			
	<b>a) Licence to work as factory **</b> <b>b) BIS (ISI) *</b>	Regn No	.Date of Regn	Valid Upto
<b>3</b>	<b>GST Registration Certificate (Copy to be attached)</b>			
	(a) GST No. **  (b) PAN**	No.	Date	Valid upto
<b>4</b>	GST Registraion Category Normal/ Regular/Composite			

**Note: Please arrange to maintain the same seriatim of the format while submitting the application**

5	<b>ESSENTIALLY REQUIRED MANUFACTURING FACILITIES IN OWN UNIT IN THE SAME PREMISES</b>			
A	<b>EXTRUDER **</b>			
	i) Type and Make			
	ii) No. of machines			
	iii) Capacity/Hr/Machine(Kgs)			
	iv) Remarks if any			
B	<b>DETAILS OF WEAVING MACHINE (CIRCULAR LOOMS ONLY) **</b>			
		<b>Make</b>	<b>No. of Machines</b>	<b>Capacity/Hr/M/c (in Mtrs)</b>
	4 Shuttle			
	6 Shuttle			
	<b>Total</b>			
C	<b>STITCHING MACHINES **</b>		<b>Make</b>	<b>No.</b>
	Electrically Operated machines			<b>Capacity/hr/m/c</b>
	Total No. of machines			
	Remarks if any			
E	<b>PRINTING Machines **</b>		<b>Make</b>	<b>No of M/cs</b>
	i) Type of printing (Automatic)			<b>Capacity/hr/m/c</b>
	ii) Printing ink used & supplier			
	iii) Remarks if any			
F	<b>LAMINATION PLANT * *: Please specify the following:</b>			
	(a) Situated in the same premises*			
	(b) Situated at other location			
	(c) Owned by the applicant**			
	(d) Owned by Sister concern/ Associated Company			
	<b>Also furnish the following details:</b>			
	i) No. of machines			
	ii) Make			
	iii) Capacity/Hr/Machine (Mtrs)			
	iv) Remarks if any			

6.	<b>Bags manufacturing capacity per months (in lakh bags) **</b>		
7.	<b>No. of shifts operated in a day</b>		
8.	<b>Quality control/Testing facilities available in the Factory premises (List of all testing equipment/machines required as per format Appendix 'D') **</b>		
9.	<b>Additional power generation facility available or not for use in the event of power break down and the capacity of power generation, if any *</b>		
10.	<b>Details of order executed, during the last two years including orders in hand (Please attach documentary evidence)- For fertiliser companies and others separately.</b>		
	Buyers Name	Qty	Delivery Schedule
11	<b>Details about the organization set up</b> (a) <b>Private/Proprietor ship/Public Ltd.</b>  (b) <b>Manpower</b> (i) <b>Executive/Technical .....</b> (ii) <b>Skilled Workers .....</b> (iii) <b>Total work force .....</b> - <b>As regular .....</b> <b>- On contract .....</b>		
12.	<b>Raw Materials Procurement source &amp; Stocks Maintained</b>		
	Items	Source Of Supply	Inventory In Days
	HDPE Granule		
	LDPE Granule		
	PP Granules		
	BOPP Film		
13.	<b>Financial Status of Co.</b>		
	i) Cash Credit .....		
	ii) Book Debts (Bill discount) .....		
	iii) L.C. Limit .....		
	iv) Bank Guarantee Limit .....		
	i) Annual Turnover (last years Balance Sheet) ...		
	ii) Bankers Certificate of Solvency to be submitted as per format (Appenix-A&B)annexed hereto – (Minimum Rs.25 lakh) **		

14.	<b>Income Tax return filed/Clearance Certificate for the last 3 years (copy to be attached) **</b>
15.	An affidavit duly filled, signed, stamped on stamp paper of appropriate value and certified by the Notary Public (Format attached as Appendix C) **
16.	Mention the category under which your company falls: Micro, Small, Medium or Large  In order to ensure promotion and development of micro, small and medium enterprises, govt. of India has introduced an Act no. 27 of 2006, dt. 16.06.2006 for extending certain benefits applicable to the organisations registered under any of category, i.e. micro, small and medium. If your organization falls under any of the above mentioned category and registered for the same, attach a copy of registration certificate alongwith documentary evidence in support of your claim of registration under any of the above category.

Name & Designation of Authorized Signatory

Date:

No. of attachments

**FORMAT OF SOLVENCY CERTIFICATE  
(TO BE ISSUED BY THE BANK )**

1.	Name of the Company	
2	Address	
	a	Regd Office
	b	Plant/Factory
3	Constitution of the Co.	
	a	Proprietorship
	b	Partnership
	c	Private Ltd., Co.
	d	Public Ltd., Co.
	e	Others
4	Name of the Proprietor/Partners/ Directors with their residential address	
5	Name of the Bank Account	
	a	Savings
	b	Current
	c	Cash Credit
	d	Any other
6	Maintaining Bank Account since	
7	Company established/ incorporated in the year	
8	Nature of Business	
9	Other allied business, if any	
10	Capital of the Company	
11	Name and address of Associated Companies	
12	Comments on the financial position and solvency of the Company [for Rs. 25 lakhs as per format attached as Appendix-B]	Note : If furnished for HDPE bags of Rs. 25 Lakh, there is no need to submit separate Bank Solvency.
13	Credit facilities sanctioned/drawn by the Company	

Signature

Name

Designation

Bank

Address

Dated:

**Appendix-B**

**(TO BE ISSUED BY THE BANK IN THEIR LETTER HEAD)**

This is to certify that to the best of our knowledge and information, M/s \_\_\_\_\_ a customer of our bank is respectable and can be treated as solvent/good upto a sum of Rs.5,00,000/- (Rupees Five lakh).

It is clarified further that this information is furnished without any risk and responsibility on our part in any respect whatsoever more particularly either as guarantor or otherwise. This certificate issued at the specific request of the customer.

Signature

Name

Designation

Bank

Address

Dated:

**AFFIDAVIT**

I \_\_\_\_\_ S/o \_\_\_\_\_ aged \_\_\_\_\_ working as MD/Director/Chief Executive Partner/sole proprietor\* of M/s \_\_\_\_\_ having its registered office at \_\_\_\_\_ do hereby solemnly affirm and declare on oath as under:

1. That I am competent to swear this affidavit being the sole proprietor of M/s \_\_\_\_\_/Partner \_\_\_\_\_/MD/Director /Chief Executive\* of M/s \_\_\_\_\_ vide its resolution no. \_\_\_\_\_ dated \_\_\_\_\_.
2. That my company M/s \_\_\_\_\_ proprietorship/partnership\* firm \_\_\_\_\_ is participating in pre qualification process for the supply of HDPE Bags.
3. That I am fully aware of the contents of the empanelment document and I declare that all the information and documents submitted are true and correct to my knowledge and belief (applicable in case of proprietorship/partnership) and correct as per the records of the company. (applicable in case of a company).
4. That I hereby confirm and declare that none of my/our group/associate/sister companies/concerns except one of us, is participating in the empanelment process.
5. That I hereby confirm and declare that none of my group/associates/sister concerns have been black listed/debarred in the last two years by any Govt./Financial Institution/Court/Public Sector/Cooperative registered under MSCS Act.
6. That I further undertake that in case any of the facts contained in our application is found otherwise or incorrect or false at any stage, my company/firm and my group/associate/sister company (ies)/concerns(s)/firm(s) will stand debarred from the present and future prequalification process for the supply of HDPE Bags/Tenders

**DEPONENT**

Verified at \_\_\_\_\_ on \_\_\_\_\_ that the contents of paras 1 to 5 of this affidavit are true and correct to my knowledge and belief and no part of this is false and nothing material has been concealed or falsely stated therein.

**DEPONENT**

\*Strike out whichever is not applicable

NB: Above affidavit is to be submitted on the stamp paper of the appropriate value and certified by the Notary Public.

## List of testing equipments/machines essentially required

1	Physical Balances with minimum accuracy upto 2 decimal digits (in gms)	
2	Gauge meter (for measurement of LDPE Linear (microns)	
3	Tensile Testing machine (Fabric) (i) No. of Machine (ii) Range of scale (iii) Calibration facility (iv) Last Calibration done  (v) Width of Strips (mm) (vi) Cut/Reveled Strip method (vii) Records for testing	Kgf (Manual calibration facility) Third party/vendor of the machine Calibration certificate
4	Tensile Testing for Tape (i) Nos of machine (ii) Range of scale (kgf) (iii) Last Calibration  (iv) Testing of Spindles (v) Records for testing	Third party/vendor of the machine Calibration certificate
5	Denier measurement	
6	Oven (nos)	
7	Checking of Printing facilities	Caustic/urea solution or any other decide (rub-method)
8	Ink used for printing	
9	Latest version of BIS required for manufacturing/testing of bags	