



युनाइटेड इंडिया इन्श्यूरेन्स कं. लि.

UNITED INDIA INSURANCE COMPANY LIMITED

Estates Department: Head Office

PARTICULARS IN RESPECT OF WORK EXECUTED- ELECTRICAL (ANNEXURE F)

S.No	Name of the work/ project	Short description of work executed	Name and address of owner / client with phone no.	Value of work executed	Stipulated time of completion	Actual time of completion	Penalty for delay in completion, if any	Any other relevant information

Signature & seal of the Applicant

Note: The applicant shall mention only those works executed during last 5 years which fulfill the eligibility criteria on this page.

The list is to be substantiated with the documentary evidence such as work order/ work completion certificates/ TDS certificates in absence of which the application is liable to be rejected. If the proforma is not sufficient, use a separate page.

Works done for PSUs/Banks/ State government/ Central government organizations preferred.



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PARTICULARS IN RESPECT OF WORK IN HAND- ELECTRICAL (ANNEXURE G)

S.No	Name of the work/ project	Short description of work executed	Name and address of owner with phone no.	Value of work executed	Date of start of work	Stipulated time of completion	Status of Work (% of completion)	Expected date of completion	Any other relevant information

Signature & seal of the Applicant

NOTE: Please attach Work order issued by the “owner” as proof for works being executed currently.

Works being done for PSUs/Banks/ State government/ Central government organizations preferred.



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FINANCIAL STATUS OF THE COMPANY (ANNEXURE H)

Sl.no	Financial year	Turnover of the firm in Lakhs (Mandatory)	Profit/ Loss amount earned in the year	Tax Deduction at Source paid for the year for the works carried out	Enclosed certified copies of audited balance sheets, profit and loss statements / Auditors report
					Yes /No
1	2014-15				
2	2015-16				
3	2016-17				

Signature & seal of the Applicant

Note:

Please attach Copies of audited balance sheets and profit and loss statements/ Auditors report

Please attach copies of income tax returns/ assessment orders for each year



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LIST OF KEY PEOPLE PERMANENTLY EMPLOYED (ANNEXURE I)

S. No	Name	Designation	Qualification	Total Experience	Years with the Firm	Any other information	Mobile no	Email address

Signature & seal of the Applicant