

## The Requirement for assessing the Pre Qualifications of Contractors for Civil Work

Mark (√) in the appropriate box applied for

A.  New Registration

B. If the contractor has already registered with CIDA indicate the field of specialization and the Grade

Building  Grade

Bridge  Grade

Irrigation  Grade

Highways

Water Supply & Drainage  Grade

**C. Organizational Information**

C1. Registered Name of Contractor : .....

C2. Name of Organization : .....

Sole Proprietor  Partnership

Public Ltd, Liability Company  Statutory Body

D. Registered Address : .....

.....

Tel. No: .....

Fax : .....

E Mail : .....

**E. Name and Designation of person to Contact for Clarification (If any)**

Tel. No: .....

Fax : .....

E Mail : .....

**In case of a limited liability company or statutory body**

Registration No: .....

Date of Registration: .....

Issued Stated Capital: .....

For Statutory bodies information relevant to it is incorporation should be given separately.

In case of a sole proprietor or partnership,

Business Registration No: .....

Date of Registration: .....

**F. FINANCIAL RESOURCES**

<b>Financial Facilities from Banks or other Institutions</b>			<b>Mark by D.S.</b>
<b>Facility</b>	<b>Value</b>	<b>Name of Institution</b>	
Permanent Overdraft			
Fixed Deposits			
Wealth Certificates			
Current Account			
Current Account			

<b>Extracts From Financial Statement for Last 3 Years</b>				<b>Mark by D.S.</b>
	<b>2020</b>	<b>2019</b>	<b>2018</b>	
Turnover from construction				
Fixed Assets (FA)				
Current Assets (CA)				
Current Liabilities (CL)				
Long term Liabilities (LL)				
Working Capital (CA-CL)				
Net Worth (CA+FA+CL+LL)				

**G - PERSONAL RESOURCES**

Name	Field of Specialty	NIC Number	Members EPF No	Professional Qualification and Membership Number	Mark by D.S.
a. Chartered Engineer with 15 years experience 1. .... 2. ....					
b. Chartered Engineer with 10 years experience 1. .... 2. ....					
c. Technical officer with NDT or NCT with 05 Years experience					
d. Quantity Surveyor 1. .... 2. ....					
e. Supervisor 1. .... 2. ....					



## **Certification**

I/ We hereby certify that the information provided in this application including annexure and supporting documents are true and accurate as at this date. I/ We am/are aware in the event that any information given is found to be incorrect or that relevant information is with-held, my/our application will be automatically disqualified in addition to any further action EPC may decide to take.

**Signature:**

**Name of authorized person:**

**Designation/ Title:**

**Date of Application:**