

ADDENDUM – 01 TO EXPRESSION OF INTEREST

BIDDERS ARE REQUESTED TO PLEASE SUBMIT THE APPLICATION IN SEALED ENVELOPE ALONG WITH THE FILLED-UP FORMAT GIVEN BELOW. ALL DOCUMENTS ARE REQUIRED TO BE SUBMITTED AS SPECIFIED OR STATED ELSEWHERE IN THE DOCUMENT OF EXPRESSION OF INTEREST

FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST

BHEL PS - ER	FORMAT FOR ENLISTING OF VENDOR / SUBCONTRACTOR	Page 01&02 of 05
01.	Name of the Contractor	
02.	Address Telephone Fax	
03.	Area of work requiring enlisting	
04.	a. Type of organisation	
	b. Head Quarters organi-sation chart to be enclosed	
	c. Details of permanent employees and proof of compliance of PF rules in regard of them to be enclosed	
05.	a. Previous experience in similar work as per enclosure	

	b. Current commitment as per enclosure	
06.	Financial turnover for the last three years, Profit & Loss account to be enclosed	
07.	Bio – data of key personnel	
08.	Completion certificates/ work orders/testimonials (copies to be enclosed)	
09.	List of major T&P owned by contractor with make & year of purchase	
10.	List of measuring & testing instruments owned by the contractor with make & year of purchase.	
11.	List of skilled manpower available with contractor	
12.	Maximum value of work done in single order	
Signature of the contractor		

NOTE (BIDDERS MUST READ FOLLOWING INSTRUCTIONS BEFORE FILLING UP THE FORMS):

REF SL NO-1 OF 'FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST'

-NAME OF THE CONTRACTOR MEANS THE NAME OF THE AGENCY/FIRM/ COMPANY IN WHICH THE BUSINESS IS CARRIED OUT. COPY OF INCORPORATION WITH REGISTRAR OF COMPANIES IS TO BE FURNISHED IN CASE OF COMPANY.

REF SL NO-2 OF 'FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST'

-**ADDRESS** OF THE REGISTERED OFFICE & PROOF OF OFFICE ADDRESS (BY COPY OF TELEPHONE/ELECTRICITY BILL)

REF SL NO-3 OF 'FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST'

-**AREA OF WORK** MEANS ANY OF THE PRODUCT/SYSTEMS AS GIVEN AGAINST 'A'

REF SL NO-4 OF 'FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST'

-**TYPE OF ORGANISATION MEANS ANY OF THE FOLLOWING:**

- (i) PRIVATE LIMITED CO./PUBLIC LIMITED CO.
- (ii) INDIVIDUAL/PRIVATE/PARTNERSHIP CO.
- (iii) govt./semi-govt./psu

INSTRUCTIONS FOR THE GUIDENCE OF FIRMS SEEKING REGISTRATION

1. **ELILIGIBILITY: ALL FIRMS, NO MATTER WHERE THEY ARE SITUATED WILL BE CONSIDERED FOR EMPANELMENT IF THEY FULFILL THE NECESSARY CONDITIONS.**
2. **REGISTRATION OF FIRMS :**

INDEGENOUS FIRMS HAVING PROVEN CAPABILITY OF CARRYING OUT SUBJECT JOB AS PER INTERNATIONAL QUALITY STANDARDS.

OVERSEAS FIRMS WITH THEIR AGEANTS/DISTRIBUTORS IN INDIA.

3. **SIGNING OF THE APPLICATION FORM:**

TYPE OF FIRM	WHO SHOULD SIGN THE APPLICATION FORM	REMARKS
PROPREITORSHIP	PROPREITOR	-
PARTNERSHIP	ALL PARTNERS OR THE PARTNER HOLDING POWER OF ATTORNEY	THE POWER OF ATTORNEY IN ORIGINAL ALONG WITH CERTIFIED COPY TO BE FORWARDED WITH APPLICATION
LIMITED COMPANY	ANY ONE OF THE DIRECTORS/MANAGING DIRECTOR	PERSON OTHER THAN DIRECTOR/MD MAY SIGN ALSO PRODUCING A POWER OF ATTORNEY IN ORIGINAL ALONGWITH CERTIFIED COPY WITH THE APPLICATION

4. **ANNUAL REPORT/PROFIT & LOSS ACCOUNT/BALANCE SHEET:**

ONE COPY OF EACH OF THE FOLLOWING FOR THE **LAST THREE** YEARS ARE TO BE FURNISHED:

- a. ANNUAL REPORT
- b. PROFIT & LOSS ACCOUNT
- c. BALANCE SHEET

d. STATEMENT SHOWING THE OPERATING RESULTS & FINANCIAL POSITION OF THE FIRM IN THE FORMAT GIVEN BELOW:

	YEAR '03-'04	YEAR '04-'05	YEAR '05-'06
SALES			
GROSS PROFIT			
DEPRECIATION			
PROFIT BEFORE TAX			
TAXATION			
NET AFTER TAX			
% OF NET PROFIT ON SALES			
DIVIDEND DECLARAED			
NET BLOCK			
CAPITAL EMPLOYED			
RESERVES			
% PROFIT ON CAPITAL EMPLOYED			

6) IF YOU ARE REGISTERED WITH ANY OTHER REGION /MANUFACTURING DIVISION OF BHEL, DETAILS SHOULD BE GIVEN INCLUDING THE JOBS EXECUTED/UNDER EXECUTION. DETAILS OF ORDERS EXECUTED/UNDER EXECUTION BY YOU FOR OTHER PUBLIC SECTOR UNDERTAKING IN RECENT PAST MAY BE INDICATED ALSO.

ADDITIONAL INFORMATION

(FOLLOWING ARE TO BE FURNISHED ALONGWITH THE APPLICATION)

1. EPF ACCOUNT NO (CODE NO. ALLOTTED BY PF COMMISSIONER)
2. PERMANENT ACCOUNT NO.(PAN) & COPY OF PAN CARD
3. COPY OF INCOME TAX RETURNS FOR LAST THREE YEARS
4. COPY OF ANNUAL REPORT,PROFIT & LOSS ACCOUNT AND BALANCE SHEET OF LAST THREE YEARS DULY CERTIFIED BY CHARTERED ACCOUNTANT
5. STATEMENT INDICATING THE OPERATING RESULTS & FINANCIAL POSITION OF THE FIRM DULY CERTIFIED BY CHARTERED ACCOUNTANT
6. THE FIXED ASSET SCHEDULE WITH T&P AND INSTRUMENTS LIST (ALONGWITH MAKE & YEAR OF PURCHASE) CERTIFIED BY CHARTERED ACCOUNTANT
7. WORK COMPLETION CERTIFICATE AGAINST ALL THE WORKS (IF AVAILABLE)
8. APPRECIATION LETTERS ISSUED BY CUSTOMERS (IF AVAILABLE)
9. ORGANISATION CHART AND LIST OF PERSONNEL EMPLOYED

10. SOLVENCY CERTIFICATE ISSUED BY YOUR BANKERS IS TO BE ENCLOSED (AS PER THE FORMAT ATTACHED). THE DATE OF ISSUE OF THE CERTIFICATE SHOULD NOT BE MORE THAN SIX MONTHS OLD.
11. LIST OF WORK IN HAND WITH COPIES OF WORK ORDERS.
12. NAME & ADDRESS OF THE BANKER STATING THE NAME IN WHICH THE ACCOUNT STANDS
13. PROOF OF COMPLIANCE OF ACTS ,RULES & REGULATIONS OF CENTRAL AS WELL AS STATE GOVERNMENTS AS APPLICABLE IN THE AREA OF OPERATION PROPOSED IS TO BE FURNISHED.
14. COPIES OF THE FOLLOWING DOCUMENTS AS APPLICABLE:

-power of attorney & copies thereof
 -ownership document & copies thereof

- o memorandum
- o articles of association
- o certificate of incorporation
- o entry in form-‘a’ from register of firms

-certified copy of partnership deed
 -authority of manager to enter into contractual obligations

BHEL PS - ER	FORMAT FOR ENLISTING OF VENDOR / SUBCONTRACTOR		
	DESCRIPTION	STATUS	PROOF TO BE SUBMITTED
13	WHETHER IMTEs (INSPECTION,MEASURING & TESTING EQUIPEMENTS) ARE MAINTAINED WITH VALID CALIBRATION CERTIFICATE	YES/NO	IF YES, PLEASE FURNISH DOCUMENTARY PROOF ALONG WITH NAME & ADDRESS OF THE CALIBRATING AGENCY
14	WHETHER TOOLS & PLANTS ARE MAINTAINED WITH PROPER FITNESS REPORT	YES/NO	IF YES, PLEASE FURNISH DOCUMENTARY PROOF ALONG WITH NAME & ADDRESS OF THE FITNESS CHECKING AGENCY
15	SYSTEM FOR STORAGE & RETRIEVAL OF OF QUALITY RECORDS & DOCUMENTATION	YES/NO	IF YES, FURNISH DETAILS
16	DO YOU HAVE SPECIFIC FORMAT FOR REPORTING SAFETY ASPECT AT REGULAR INTERVAL (WEEKLY/MONTHLY) AND SAFETY MANUAL?	YES/NO	
17	DO YOU HAVE ORGANISED SYSTEM OF CONDUCTING SAFETY MEETING EVERY MONTH AND RELATED DOCUMENT MANAGEMENT?	YES/NO	
18	DO YOU HAVE SYSTEM OF CHECKING OF PERSONAL PROTECTIVE SAFETY APPLIANCES AT SPECIFIC INTERVALS?	YES/NO	
19	DO YOU CONDUCT SAFETY AWARENESS TRAINING/ SEMINAR FOR YOUR EMPLOYEES AT REGULAR INTERVALS?	YES/NO	
20	DO YOU HAVE YEARLY BUDGET FOR PURCHASE OF PERSONAL PROTECTIVE EQUIPEMENTS (HELMETS/GOGGLES/GLOVES/SAFETY BELTS, SHOES ETC.) AND PROCURE THESE AS NEEDED?	YES/NO	
Signature of the contractor			

BHEL PS-ER		DETAILS OF SIMILAR WORK DONE DURING PAST FIVE YEARS							
SL NO	FULL POSTAL ADDRESS OF CLIENT & NAME OF OFFICER IN-CHARGE	DESCRIPTION OF THE WORK	VALUE OF CONTRACT	DATE OF AWARD OF WORK	DATE OF COMMENCEMENT OF WORK	COMPLETION ON TIME AS PER WORK ORDER (MONTHS)	DATE OF ACTUAL COMPLETION OF WORK	EXECUTED VALUE OF WORK	REMARKS

BHEL PS-ER		CURRENT COMMITMENTS							PAGE 05 OF 05
SL NO	FULL POSTAL ADDRESS OF CLIENT & NAME OF OFFICER INCHARGE	DESCRIPTION OF THE WORK	VALUE OF CONTRACT	DATE OF COMMENCEMENT OF WORK	SCHEDULED COMPLETION PERIOD	%AGE COMPLETION AS ON DATE	EXPECTED DATE OF COMPLETION OF WORK	REMARKS	

**SPECIMEN FORM OF SOLVENCY CERTIFICATE
FROM SCHEDULED BANKS**

THIS IS TO CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE AND INFORMATION _____ [1] _____ [2] _____ [3] _____ IS A CUSTOMER OF OUR BANK IS RESPECTABLE AND CAN BE TREATED AS GOOD FOR ANY ENGAGEMENT UP TO A LIMIT OF RS _____ [RUPEES _____] .

THIS CERTIFICATE IS ISSUED WITHOUT ANY GUARANTEE OR RESPONSIBILITY ON THE BANK OR ANY OF THE OFFICERS

MANAGER _____ BANK

NOTE:

1] HERE INDICATE NAME OF THE INDIVIDUAL OR THE FIRM

2] HERE NAME OF SOLE PROPRIETOR IN CASE OF SOLE PROPRIETORSHIP CONCERN OR NAMES OF PARTNERS IN CASE OF PARTNERSHIP CONCERN AS PER BANK'S RECORD, SHOULD BE INDICATED.

3] HERE INDICATE THE ADDRESS OF THE CUSTOMER AS PER BANK'S RECORD.

LIST OF SCHEDULED BANKS

[FOR SUBMISSION OF BANKERS' SOLVENCY CERTIFICATE]

1. STATE BANK OF INDIA
2. STATE BANK OF HYDERABAD
3. STATE BANK OF TRAVANCORE
4. STATE BANK OF MYSORE
5. CANARA BANK
6. BANK OF BARODA
7. PUNJAB NATIONAL BANK
8. INDIAN OVERSEAS BANK
9. DEUTSCHE BANK
10. HDFC BANK
11. CITI BANK
12. STANDARD CHARTERED BANK
13. BANK OF AMERICA

FORMAT FOR APPLICATION OF EXPRESSION OF INTEREST
A. CAPABILITY TO PERFORM QUALITY WORK WITH RESPECT TO

APPLIED WORK AREA.....

1	Whether Quality system is certified as per ISO 9000 standard ?	Yes/ No.
2	Availability of technical manpower (A list of employees with technical qualifications and work experience to be attached).	
3	Availability of Inspection , Measuring and Testing Equipments (IMTEs) (A list of IMTEs with valid calibration status to be attached)	
4	Whether the calibration of IMTEs have been done from NABL (National accreditation Body for Laboratory) approved laboratories If yes, please furnish the name and address of the laboratories:-	Yes/ No
5	Availability of Tools & Plants (T & Ps) (A list of T & Ps with validFitness status to be attached	Yes / No
6	Whether the fitness tests of T & Ps have been done from the Test Laboratories approved by the Factory Inspector? If yes, please furnish the name and address of the laboratory.	Yes / No
7	The quality system, being followed by your organisation for storage,Retrieval & Control of quality records, to be attached	
8	The safety plan of your organisation to be attached.	
9	Details of Corporate membership of professional bodies to be attached.	
10	Compliance with Statutory requirements as per relevant acts / regulation With latest revisions (Please tick out) :	
A	License for employing contract labour	Yes/ No.
B	Minimum wages Act	Yes/ No.
C	Insurance of site Personnel employed	Yes/ No.
D	Workmen’s Compensation Act	Yes/ No.
E	Third Party Insurance	Yes/ No.
F	Employees Liability Act	Yes/ No.
G	Industrial Disputes Act	Yes/ No.
H	Employee’s Provident Funds Act	Yes/ No.
I	Contract Labour (Regulation and Abolition) Act	Yes/ No.
J	Indian Boiler Regulation	Yes/ No.
K	Arbitration Act	Yes/ No.
L	Any other requirements (not specified above) please furnish the list.	

Thanking you,

for BHARAT HEAVY ELECTRICALS LTD.

ADDL. GENERAL MANAGER/SCT
BHEL – PSER (HDQRS)
DJ-9/1, SALT LAKE CITY
SECTOR – II, KOLKATA – 700 091