

ANNEXURE – 3

1	Turnover during last three Financial years				
FY→	2016-17	2017-18	2018-19	Average Turnover	Remark, if any
T/O→					
2	Details for supplies made the customers referred at point 3a & 3b under heading "Experience" to meet Qualifying Requirement (PQR)				
S No	Customer Name	Order No. & Date	Qty. Supplied (Nos.)	Performance/Execution Certificate/Tax Invoice No., Test Certificate & Date	Remark, if any
		Total			
3	We hereby confirm that supplies made against above orders have been found satisfactory and "NO" quality problem was reported by the customers. Copies of Order Copy, Tax Invoice No., and Test Certificate are enclosed herewith.				
4	Supplier Registration Form submitted as per Application No. :			Dated	

(Use separate sheet, if needed)

(Signature of the Supplier with Name, Designation & Seal)

Sign of Authorized Signatory & Company seal :

Contact Detail: Name Cell No.: E-mail :

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