

**Details for Pre Qualification Criteria for Enquiry no E0899001**

|      |                                                                                                                                                                                                                                                                                                       |                  |                   |                                                      |                                                                        |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|------------------------------------------------------|------------------------------------------------------------------------|
| 1    | We confirm that we are "Original Manufacturer" of Copper Conductor/ Copper Strips.<br><br>For this, we are submitting Copy of DIC Registration Certificate / Certificate of incorporation / Factory license / Excise / GST Registration / Memorandum of Articles etc. (Pl tick appropriate documents) |                  |                   |                                                      | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> Submitted |
| 2    | <b>Turnover during last three Financial years</b>                                                                                                                                                                                                                                                     |                  |                   |                                                      |                                                                        |
| FY   | 2016-17                                                                                                                                                                                                                                                                                               | 2017-18          | 2018-19           | Average Turnover                                     | Remark, if any                                                         |
|      |                                                                                                                                                                                                                                                                                                       |                  |                   |                                                      |                                                                        |
| 3    | <b>Details for supplies made the customers referred at point 3 under heading "Experience" to meet Qualifying Requirement (PQR)</b>                                                                                                                                                                    |                  |                   |                                                      |                                                                        |
| S No | Customer Name                                                                                                                                                                                                                                                                                         | Order No. & Date | Qty Supplied (MT) | Order Copy, Tax Invoice No., Test Certificate & Date | Remark, if any                                                         |
|      |                                                                                                                                                                                                                                                                                                       |                  |                   |                                                      |                                                                        |
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|      |                                                                                                                                                                                                                                                                                                       |                  |                   |                                                      |                                                                        |
| 4    | We hereby confirm that supplies made against above orders have been found satisfactory and "NO" quality problem was reported by the customers.                                                                                                                                                        |                  |                   |                                                      |                                                                        |
| 5    | Supplier Registration Form submitted as per Application No. :<br>( For Qualifying, this is not mandatory)                                                                                                                                                                                             |                  |                   |                                                      | Dated                                                                  |

(Use separate sheet, if needed)

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

New