

HOUSEKEEPING SERVICES

TENDERS OPENING ON : 14.10.2023 IN THE DIRECTOR'S OFFICE

TO BE FILLED AND SIGNED BY THE TENDERER

NAME OF THE TENDERER _____

EARNEST MONEY RECEIPT NO. _____ **DATE** _____
(PLEASE ATTACH THE ORIGINAL EARNEST MONEY RECEIPT WITH THE TENDER FORM)

DECLARATION BY THE TENDERER:

I/we, _____ S/o, W/o D/o _____
resident of _____

_____ Phone No. _____ hereby certify and declare that the above terms and conditions are acceptable to me/us and I/we shall abide by these terms and conditions. In addition, any terms and conditions, implemented by the administration at any time of opening of the tenders or later on during the contract period, shall also be acceptable to me/us.

Signature of the tenderer _____

Date ____ / ____ /2023.

- i) What is your plan for manpower**

- ii) Are you aware of 8 hour shifts**

- iii) Are you aware of daily wage rules**

- iv) Do you know the compliances (ESI+ EPF+ GST)**

- v) If the applicant has any experience in Hospital housekeeping services**

- vi) If yes provide details Experience letter**

- vii) At least two letters of recommendation details of promoters/partners, full KYC details including PAN and Aadhaar.**

- viii) Copy of Balance Sheet for Last 3 Years**

- ix) Has there been any engagement with CMC prior to this**

- x) Is there any criminal case or PF matter pending against you**