

FORM – “ A ”
QUESTIONNAIRE

(To be submitted duly filled in and signed along with Technical Bid)

1. Name and Address of the Tenderer :

Ph No. :

Email id :

DL No. & Validity :

TIN / Local Sales Tax Reg. No. :

CST No. :

PAN :

Name of your Banker(s) and Address
of the persons on whose name the
account is opened :

2. If the tenderer is not a manufacturer, :
Whether authorized to quote on behalf of
the manufacturer :

a. If yes, the details of

Name and Address of the Manufacturer(s)	Whether Questionnaire – Form B submitted
1.	
2.	

b. Whether EMD paid for each of the manufacturer :

3. If the tenderer is a manufacturer / importer, :
whether Questionnaire – Form B is enclosed

4. Whether tender fee paid :
If yes,

Amount paid	Transaction no. / Reference No. / Acknowledgement No.

5. Whether EMD paid :
If yes,

Amount paid	Transaction no. / Reference No. / Acknowledgement No.

6. If the tenderer has authorized any distributors
to supply the items quoted in the tender :

if yes, the details of authorized distributors

Name and Address :

Ph No. :

Email id :

DL No. & Validity :

TIN / Local Sales Tax Reg. No. :

CST No. :

PAN :

Name of your Banker(s) and Address :
of the persons on whose name the
account is opened

DECLARATION

I, _____ do hereby declare that I / We have carefully, read all the conditions of the Tender Schedule of Directorate of Health and Family Welfare Services, Puducherry for the Tender floated for the supply of "**Medicines/Drugs – Tablets, Injections, IVFs, etc. including Hygiene Chemicals**" for Health Institutions of U.T. of Puducherry and agreed to abide by the terms and conditions prescribed in the tender schedule.

SIGNATURE:

SEAL OF THE FIRM: