


Annexure - I

 <p>कर्मचारी राज्य बीमा निगम EMPLOYEES' STATE INSURANCE CORPORATION श्रम एवं रोजगार मंत्रालय, भारत सरकार MINISTRY OF LABOUR &amp; EMPLOYMENT GOVT. OF INDIA</p>	<p>क्षेत्रीय कार्यालय REGIONAL OFFICE पंचदीप भवन PANCHDEEP BHAWAN पूर्वोत्तर क्षेत्र NORTH EAST REGION बामुनीमैदाम, गुवाहाटी-781021 BAMUNIMAIDAM GUWAHATI-781021 ई-मेल / Email : rd-ner@esicner.in फोन / Phone : 0361- 2550357 फैक्स /Fax : 0361- 2650522 वैबसाइट /Website : <a href="http://www.esicner.in">www.esicner.in</a> / <a href="http://www.esic.nic.in">www.esic.nic.in</a></p>
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**PROFORMA**

1. Name of the Organisation (Certificate of enlistment or any other documentary proof to be attached):

\_\_\_\_\_

2. Registered address (Address proof to be furnished):

\_\_\_\_\_  
\_\_\_\_\_

3. Contact No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

4. Nature of activity (Attach relevant documents):

\_\_\_\_\_  
\_\_\_\_\_

5. Name of owner/occupier:

\_\_\_\_\_

6. Permanent Account Number(PAN):

\_\_\_\_\_

7. Service Tax Registration Number:

\_\_\_\_\_

8. EPFO Registration Number (If any):

\_\_\_\_\_

9. ESIC Code Number (If any):

\_\_\_\_\_

10. Annual Turnover for 2013-14 & 2014-15:

Rs. \_\_\_\_\_

11. Name of organisation on behalf of whom survey work done in last two year with brief description of work done.(attach work order & completion certificate):

\_\_\_\_\_

12. Brief description on the method proposed to be employed for the survey:

\_\_\_\_\_

13. State whether the firm is having the capacity/team to complete the total work within 60 days from receipt of work order:

\_\_\_\_\_

14. Rate for every completed survey(in figure and words)

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ )

Date\_\_\_\_\_

Signature\_\_\_\_\_

Designation\_\_\_\_\_

Rubber Stamp (Seal)\_\_\_\_\_