**Application form for eligibility of bidder for work relating to**

**Online examinations with remote proctoring for NISM**

**Basic Information**

**Application form PART I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name of bidder | | : |  |
| 2 | Address of the bidder | | : |  |
| 3 | Name of the contact person with Phone and Mobile No.: | | : |  |
| 4 | Email Id: | | : |  |
| 5 | Type of the Organization (Whether sole Proprietorship / Partnership / Private Ltd/ Ltd. or Co-operative body etc.) | | : |  |
| 6 | Name of the Proprietor / Partners / Directors of the Organization / Firm | | : |  |
| 7 | Year of establishment | | : |  |
| 8 | Experience in the field of Online examinations with remote proctoring | | : | \_\_\_\_\_ Years |
| 9 | PAN No. | | : |  |
| 10 | GSTIN No. | | : |  |
| 11 | Technical personnel available in the organization | : | | Details to be furnished in the prescribed Proforma (Statement I) |
| 12 | Yearly turnover of the firm during last 3 years (Year wise). Please attach necessary documents in support of turnover.    (a) 2016-2017    (b) 2017-2018  (c) 2018-2019 | : | |  |
| 13 | Important large works performed during last 7 years costing not less than Rs. 1.60 Crore for works relating to Online examinations with remote proctoring services by the bidder. The full address of the clients for whom the works have been executed including name of contact persons, email id and telephone nos. | : | | Details to be furnished in the prescribed proforma (Statement II). Please attach completion certificate or any other relevant document/s in support of the work/s completed clearly showing the value, nature of the work executed, duration of the work etc. which should be considered as per the criteria mentioned in the advertisement. |
| 14 | Important large works costing not less than Rs. 1.60 Crore for works relating to Online examinations with remote proctoring services on which the bidder is engaged at present and their estimated cost. The full address of the clients, alongwith the name of the contact person and telephone no., email id shall be indicated against each work. | : | | Details to be furnished in the prescribed Proforma (statement III) |
| 15 | Address of office through which the proposed work of NATIONAL INSTITUTE OF SECURITIES MARKETS will be handled and the name, contact no. and designation of the Officer-in-charge. | : | |  |