

# National Association of PLWHA in Nepal

Baluwatar, Kathmandu Nepal

## Application Form

### 1. APPLIED FOR:

SN	Component	Please Tick
A.	Stationeries and Office Supplies	
B.	Air Ticketing	
C.	Desktop Computer/Laptop/Printer/Photocopy Machine /EPABX/ and its accessories Supply and Maintenance	
D.	Travel/Tours (Hiring of Vehicle for Field Visit and other purpose)	
E.	Medical/Surgical Materials (Gloves, Masks, Sanitizer, Vile, Kits etc.) Supply	
F.	Hotels/Lodges (Accommodations packages for Trainings/Workshops and Field Visit)	
G.	Facilitation of Trainings (Individuals Resource Persons)	
H.	Printing Services (Registers, Files, Flex, Banners, ID Cards and Certificates etc.)	
I.	Drinking water and Tanker water supply	
J.	Courier Service (National and International)	
K.	Office Furniture/Furnishing supply (Steel, wooden and Iron etc.)	
L.	Insurance (Accidental, Medical and Assets)	
M.	Tea, Coffee, Sugar and Cooking Gas supply	

(Note: Separate application should be attached for separate Areas)

### 2. APPLICANT DETAILS

#### 2a. Basic Information

Name of Company, NGOs or Individuals making this application	
Address	
Telephone	
Fax	
Vat and PAN Number	
Email address	
Website	
Head of the Organizations	

#### 2b. Legal Registration

S.N.	Government Agency	Address	Renewal Up to
1			
2			
3			
4			

Please supply copies of Incorporation Documents with registration and renewals, if different from the documents submitted for EOI.

**2c. Contact Person**

<b>Name</b>	
<b>Position Title</b>	
<b>Permanent Address</b>	
<b>Telephone/Mobile</b>	
<b>e-mail</b>	

**2d. Staffing**

Please provide the following personnel statistics\* for the organization.

<b>Average manpower</b>	<b>Year before last</b>	<b>Last year</b>	<b>This year</b>
Total permanent staff *			
Total related to this Component			

**3. FINANCIAL DATA FOR ORGANIZATIONS**

**3a. TOTAL TURNOVER**

What was your organization's total annual turnover for the last three years?

<b>One year ago</b>	<b>Two years ago</b>	<b>Three years ago</b>

**3b. RELATED TURNOVER**

What was your turnover, for services similar to those required for this component of the EOI, for the last three years?

<b>One year ago</b>	<b>Two years ago</b>	<b>Three years ago</b>

**4. Physical facilities available**

<b>Type</b>	<b>Number</b> (Quantify the number of goods available in good conditions)	<b>Remark</b>
Office space		
Generator		
Telephone		
Fax machine		
Internet		
Website		
Desktop/ Laptop computer		
Projector		
Any other (specify)		

**5. EXPERIENCE OF ORGANIZATIONS (for organization only)**

Please do mention only those experiences of working in similar assignments/subject area.

SN	Name of Client	Contact Number and Person of the Client	Tentative Annual Transaction with Clients

**6. LIST OF LEGAL DOCUMENTS (Should be attached with Application)**

- Copy of registration/renewal,
- Copy of VAT/PAN Registration,
- Copy of income tax clearance,
- Other references (if any)

**Submitted By**

.....

Name:

Designation:

Date:

.....

**Office Stamp**