

RAMAN SCIENCE CENTRE
(National Council of Science Museums)
OPP. GANDHI SAGAR, NEAR PHULE MARKET
NAGPUR-440 018
(Phone-0712-2735800)

**REGISTRATION FORM FOR THE WORK OF MONITORING OF INCOMING &
OUTGOING MOVEMENTS OF VISITORS, PERSONS, MATERIALS AND SAFETY OF EXHIBITS,
INSTALLATION & OTHER ASSETS AT RAMAN SCIENCE CENTRE, NAGPUR**

1. Name of the Agency : _____
2. Full postal address : _____

3. Telephone No./E-mail ID : Tel.(O).....(R).....
: Mobile No. : _____
: Fax No. : _____
: E-mail ID : _____
4. Whether proprietorship or partnership or company (Please specify) : _____
(Enclose copies of Memorandum & Articles of Association & Partnership Deed etc.)
5. Name and address of partners/owners : _____
6. Registration No. of the Firm : _____
(Enclose copy)
7. Current License No. under Contract : _____
Labour Act. (Enclose copies)
8. Provident Fund Registration No. : _____
(Enclose copy of valid certificate)
9. ESI Registration No. : _____
(Enclose copy of valid Registration)
10. PAN No. (Enclose copy) : _____
11. Service Tax No.(Enclose copy of valid : _____
Registration)
12. Details of Income Tax paid by the Agency : 2013-14 _____
during the last 3 years (enclose copies of 2014-15 _____
Income Tax returns for the last 3 years) 2015-16 _____
13. Last Income Tax Clearance Certificate : _____
(Enclose copy)
14. No. of employees in the Office : _____
15. Total No. of **Monitoring** personnel : _____
deployed by the Agency at different sites

:2:

16. Type of training given to the Monitoring personnel by the agency before deployment (Please specify) : _____
17. Facilities provided by the agency to their employees (Please Specify) : _____
18. Names & Full Address of the Banker : _____

19. Name & Full Address of all organizations where the agency is presently providing Monitoring Services giving details of no. of employees deployed at each site in format **(Enclose list & copies of work order & Experience Certificates)**

Sr No	Name& Address of organisation where monitoring service is being provided	Duration of the contract		No. of personnel deployed
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				

20. Details of Monitoring service provided by the agency during last 3 years **(Enclose copies of work orders & experience certificate)**

Sr No	Name& Address of organisation where monitoring service is provided	Duration of the contract		No. of personnel deployed
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				

**Signature with date
& Seal of Company**

RAMAN SCIENCE CENTRE
(National Council of Science Museums)
OPP. GANDHI SAGAR, NEAR PHULE MARKET
NAGPUR-440 018
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**REGISTRATION FORM FOR THE WORK OF UPKEEPING AND IMPROVEMENT OF
INTERNAL ENVIRONMENT OF THE PREMISES INCLUDING SCIENCE PARK
AT RAMAN SCIENCE CENTRE, NAGPUR**

1. Name of the Agency : _____
2. Full postal address : _____

3. Telephone No./E-mail ID : Tel.(O).....(R).....
: Mobile No. : _____
: Fax No. : _____
: E-mail ID : _____
4. Whether proprietorship or partnership or company (Please specify) : _____
(Enclose copies of Memorandum & Articles of Association & Partnership Deed etc.)
5. Name and address of partners/owners : _____
6. Registration No. of the Firm : _____
(Enclose copy)
7. Current License No. under Contract : _____
Labour Act. (Enclose copies)
8. Provident Fund Registration No. : _____
(Enclose copy of valid certificate)
9. ESI Registration No. : _____
(Enclose copy of valid Registration)
10. PAN No. (Enclose copy) : _____
11. Service Tax No.(Enclose copy of valid : _____
Registration)
12. Details of Income Tax paid by the Agency : 2013-14 _____
during the last 3 years (enclose copies of 2014-15 _____
Income Tax returns for the last 3 years) 2015-16 _____
13. Last Income Tax Clearance Certificate : _____
(Enclose copy)
14. No. of employees in the Office : _____
15. Total No. of **Upkeeping** personnel : _____
deployed by the Agency at different site

:2:

16. Type of training given to the Upkeeping personnel by the agency before deployment (Please specify) : _____
17. Facilities provided by the agency to their employees (Please Specify) : _____
18. Names & Full Address of the Banker : _____
19. Name & Full Address of all organizations where the agency is presently providing Upkeeping Services giving details of no. of employees deployed at each site in the format **(Enclose list & copies of work order & Experience Certificates.**

Sr No	Name& Address of organisation where upkeeping service is being provided	Duration of the contract		No. of personnel deployed
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				

20. Details of Upkeeping service provided by the agency during last 3 years **(Enclose copies of work orders & experience certificate)**

Sr No	Name& Address of organisation where upkeeping service is provided	Duration of the contract		No. of personnel deployed
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				

**Signature with date
& Seal of Company**