Application Submission Form

(The Applicant shall accomplish the Application Submission Form in its Letter Head clearly showing the Applicants Complete name and address)

Date: _____

To: Alternative Energy Promotion Center
Khumaltar Height, Lalitpur, Nepal

We, the undersigned, declare that:

(a) We have examined and have no reservations to the Application Document for Listing of Recognized competent Companies for Small Energy System.
(b) We offer to design, integrate, supply, install and provide after sales service to households in conformity with Subsidy Policy 2073, Subsidy Delivery Mechanism 2073, and Nepal Photovoltaic Quality Assurance (NEPQA) Rev. 1 and other guidelines of AEPC and GON.
(c) We declare to abide by AEPC's/GoN's policy of zero tolerance to corruption.
(d) We declare that, we have not been blacklisted and no conflict of interest in the proposed procurement proceedings and we have not been punished for an offence relating to the concerned profession or business.
(e) We declare that we have never been involved in any case of bankruptcy or suspension of payments.
(f) We declare that, till date, no dispute has raised in any contract executed or under execution. No civil or criminal case against us has been raised or currently being raised or being dealt with in court, not ineligible to participate in this job; have no Conflict of Interest in the proposed proceedings and have not been punished for the profession or business related offence and not blacklisted.
(g) We do not have any conflict of interest on the listing procedure for recognized competent companies for design, integrate, supply, install and provide after sales service
(h) We agree to permit GoN/DP or its representative to inspect our accounts and records and other documents relating to the transaction carried out under subsidy programme and to have them audited by auditors appointed by the GoN/DP.

Name _____

In the capacity of _____

Signed _____

Duly authorized to sign the application for and on behalf of _____

Date _____

E. Application Firm for Institutional Solar Applications

Note: The applicant should fill all the fields of this form clearly, completely and accurately supported with required document. Any application with incomplete information or fields not properly filed will be considered non responsive and will not be evaluated.

<table>
<tr><th colspan="2">Company/Firm Information:</th></tr>
<tr><td>Name of Company/Firm:</td><td></td></tr>
<tr><td>Address:</td><td>District: Metro/Sub Metro/Municipality:
Ward No.: Street: Phone: Fax:
Post Box: Email:</td></tr>
<tr><td>Contact Person</td><td>Name:
Designation: Phone: Mobile Phone:
Email:</td></tr>
<tr><td>Company/Firm Details</td><td>PAN or VAT No.
Year of Registration:
Registered mainline Business:</td></tr>
<tr><td>Bank Details for subsidy programme</td><td>Bank Name:
Branch:
Account Number:</td></tr>
<tr><td>Area of system Installation</td><td>Please select the province company plans to work
<table>
<tr><td>Province 1</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Province 2</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Province 3</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Gandaki</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Province 5</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Karnali</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
<tr><td>Sudurpaschim</td><td></td><td>Is there existing branch/dealer and ASS Center: Yes ☐ No☐</td></tr>
</table></td></tr>
<tr><td></td><td><u>Branch or Dealer 1:</u>
Name:
Address:
PAN or VAT No.
Contact Person Name:</td></tr>
</table>

Branch & Dealer Network	Contact Number: **Branch or Dealer 2:** Name: Address: PAN or VAT No. Contact Person Name: Contact Number: **Branch or Dealer 3:** Name: Address: PAN or VAT No. Contact Person Name: Contact Number: **Branch or Dealer 4:** Name: Address: PAN or VAT No. Contact Person Name: Contact Number: **Branch or Dealer 5:** Name: Address: PAN or VAT No. Contact Person Name: Contact Number: **Branch or Dealer 6:** Name: Address: PAN or VAT No. Contact Person Name: Contact Number: **Branch or Dealer 7:** Name: Address:

	PAN or VAT No. Contact Person Name: Contact Number: *(Note: If company has more branch or dealer, they can submit the details in additional paper)*
HR Details	**Electrical or Electronic or Mechanical or Industrial Engineer-1** Name: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Electrical or Electronic or Mechanical or Industrial Engineer-2** Name: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Civil or Agriculture Engineer** Name: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: Part time or full time: **Level II or Overseer at Head Office -1** Name: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Head Officce -2** Name: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -1** Name of Branch: Name of Level II or Overseer:

	Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -2** Name of Branch: Name of Level II or Overseer: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -3** Name of Branch: Name of Level II or Overseer: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -4** Name of Branch: Name of Level II or Overseer: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -5** Name of Branch: Name of Level II or Overseer: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -6** Name of Branch: Name of Level II or Overseer: Qualification: Contact Number: Reference no. of PF, CIT or tax deposition of staff: **Level II or Overseer at Branch/Dealer -7**

<table>
<tr><td></td><td>Name of Branch:
Name of Level II or Overseer:
Qualification:
Contact Number:
Reference no. of PF, CIT or tax deposition of staff:</td></tr>
<tr><td>Accountant</td><td>Name:
Qualification:
Contact Number:
Reference no. of PF, CIT or tax deposition of staff:</td></tr>
<tr><td>Average Annual Turn Over</td><td>
<table>
<tr><th colspan="2">Annual Turnover Data for the best Three years out of Last Five Years</th></tr>
<tr><th>Year</th><th>Amount (in NPR)</th></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Total Turnover in best Three Years</td><td></td></tr>
<tr><td>Average Annual Turnover</td><td></td></tr>
</table>
</td></tr>
<tr><td>Paid Up Capital in NRs.</td><td></td></tr>
<tr><td>Line of Credit (Bank Facility)</td><td>Name of the Bank providing facility:
Line of Credit Amount (NRs):</td></tr>
<tr><td>Company/Firm Experience of system installation (ISPS or Pumping system)</td><td><u>Details of ISPS -1</u>
Name of Institution where ISPS is installed:
Contact person of institution:
Contact number:
Capacity of System:
Year of Installation:
<u>Details of ISPS -2</u>
Name of Institution where ISPS is installed:
Contact person of institution:</td></tr>
</table>

	Contact number: Capacity of System: Year of Installation: **Details of ISPS -3** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -4** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -5** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -6** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -7** Name of Institution where ISPS is installed: Contact person of institution: Contact number:

	Capacity of System: Year of Installation: **Details of ISPS -8** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -9** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of ISPS -10** Name of Institution where ISPS is installed: Contact person of institution: Contact number: Capacity of System: Year of Installation: **Details of Solar Pumping System -1** Name of Institution/beneficiary where pump is installed: Contact person of institution: Contact number: Capacity of Solar Array (Wp): Capacity of Pump (Hp): Head (meter): Discharge (Liter per day): Year of Installation: **Details of Solar Pumping System -2** Name of Institution/beneficiary where pump is installed:

	Contact person of institution: Contact number: Capacity of Solar Array (Wp): Capacity of Pump (Hp): Head (meter): Discharge (Liter per day): Year of Installation: **Details of Solar Pumping System -3** Name of Institution/beneficiary where pump is installed: Contact person of institution: Contact number: Capacity of Solar Array (Wp): Capacity of Pump (Hp): Head (meter): Discharge (Liter per day): Year of Installation: **Details of Solar Pumping System -4** Name of Institution/beneficiary where pump is installed: Contact person of institution: Contact number: Capacity of Solar Array (Wp): Capacity of Pump (Hp): Head (meter): Discharge (Liter per day): Year of Installation: **Details of Solar Pumping System -5** Name of Institution/beneficiary where pump is installed: Contact person of institution: Contact number: Capacity of Solar Array (Wp): Capacity of Pump (Hp):

	Head (meter): Discharge (Liter per day): Year of Installation:
Product Details	**Solar PV Module** Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Power warranty Workmanship Warranty: **Battery** Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Warranty: **Charge Controller** Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Warranty:

	Lamps Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Warranty: **Inverter:** Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Warranty: **Pump** Manufacturer Name: Country of Origin: Brand: Model: Capacity: International Certification: RETS PIT certificate No. Warranty: **Pump Controller** Manufacturer Name: Country of Origin: Brand:

	Model: Capacity: International Certification: RETS PIT certificate No. Warranty: ***(If applicant company has more than one brand/model of same component, company can add those details in above format in separate paper)***

I/We hereby certify that information filled up in the application form is correct and duly updated and understand that any information provided if proved to be false or manipulated, company will be recommended for blacklisting from working in program of GoN

(Should be signed by higher level authority like Managing Director/President/CEO etc)

Company Seal

(Owner Signature)

Name: ……...

Position: ……

Date: ……..

Curriculum Vitae

A recent passport size photo

Name:

Contact details

District:……..……..City:…….

Street:……..…….House no:…….

Phone (office):……..Phone (Home):……..

Phone (Cell)…….

P O Box:…… E mail:…….

Qualification (Highest degree first)

1.

2.

3.

Experience:

1.

2.

3.

4.

5.

Declaration: If required, upon a week time notice I can produce the proof certificate of above mentioned experiences and also acknowledge the fact that if any information provided or it is proved that I have submitted this CV without actually being appointed with this company, I will be black listed from working in AEPC or AEPC related programme or consultancy work or any other activity of AEPC

Signature:
Hand written name:
Date:

Note: This CV must be submitted with relevant certificate and NEC certificate for engineers.