# FORM FOR SUBMISSION FOR WILLINGNESS/EXPRESSION OF INTEREST

To,				
Sir,				
· ·	gree to	abide by the terms	s and conditions o	f the Tender
Notice issued vide No				dated
by the Secre	tary/D	irector, Food, Civil	Supplies & Cons	umer Affairs
Department for Carriage of	Govern	ment foodstuff in th	ne route as mentio	ned below. I
bind myself to honour the or	der of	the Secretary to the	Government of Mi	zoram, Food,
Civil Supplies & Consumer	Affairs	Department or any	Officer/Officers a	uthorized by
him on his behalf to carry currency of the contract.	out c	ontractual obligation	ns during the full	term of the
Name of Route	:			_
Carriage Rate per Quintal	:	Rs		_
(Rupees				_) only.

# THE FOLLOWING DOCUMENTS ARE ENCLOSED:

# A. For Scheduled Tribe Tenderers:

(Photocopies will not be accepted unless duly attested)

- **1.** House Tax Payee Certificate 2019–2020.
- 2. Vehicle Tax Clearance Certificate (if any) 2019–2020 + Pollution Free Certified (*Performance Security 10%*).
- **3.** List of vehicles certified by D.T.O/MVI with relevant documents belonging to the **person(s) submitting willingness/expression of interest**.
- **4.** Earnest Money of Rs **5000/-**

# **List of Vehicles:**

S1. No.	Type of Vehicle	Owner's Name	Registration No.
1.			
2.			
3.			
4.			

- **5.** Bank Statement of his/her Account as showing the transaction for the last six months at least having **1 lakh** or as term/fixed deposit of equivalent amount.
- **6.** Residential Certificate from the respective Deputy Commissioner.

# B. For non-Scheduled Tribe Tenderers

- 1. Court Fee Stamp for Rs. 7.50.
- 2. Income Tax Clearance Certificate (Original or attested copy)
- **3.** List of vehicles certified by D.T.O/MVI with relevant documents
- 4. Earnest Money of Rs 10000/-

# **List of Vehicles:**

S1. No.	Type of Vehicle	Owner's Name	Registration No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

8	•			
5.		ank Statement of his/her Accoun onths at least having <b>2 lakh</b> or as to	· ·	
c.	Earnest Money for Rs vide DCR No			
1. 2. 3.	Fa	ame of Applicant:athers Name:athers Name:athers of the Applicant:		
4. 5. 6.	1	ouse No. : copy of attested passport size pho elephone No.:	otograph should be encl	osed.