**Annexure-II**

**PROPOSAL FORMAT**

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| **ToT Request for** | | |
| 1. | Name of the Company |  |
| 2. | Type of the Company  PSU/Public Ltd/Private  Ltd/Registered  Partnership firm/Others  (specify) |  |
| 3. | Certificate of  Registration /Incorporation No.  *(Attach a copy of the*  *Certificate* ) |  |
| 4. | (a) Whether STARTUP YES/NO |  |
| 5 | Address of the Registered Office |  |
| 6 | Name & Designation of Contact Person |  |
| 7 | Address with telephone No. & Email ID of Contact Person |  |
| 8 | Website address |  |
| 9 | Products/Service handled by the  Company |  |
| 10 | No. of years of experience  in the related area of  Activity |  |
| 11 | Annual Turnover for  the last three years *(Attach copy of the*  *audited statements)* | **2019-2020**  **2020-2021**  **2021-2022** |
| 12 | Details of Income Tax  Registration, Sales Tax  registration, Service  Tax registration, Excise  Dutv Registration | *Managerial*  *Engineers/*  *Scientists*  *Semi-Skilled*  *Un -skilled* |
| 13 | PAN number |  |
| 14 | Available Manpower |  |
| 15 | Manufacturing and  Testing Facility  *(Infrastructure*  *Equipments)* |  |
| 16 | ISO certification/  In-house QA if any |  |
| 17 | Any other information,  the Organization wishes  to provide |  |
| **Declaration**  I/We hereby, declare that the information given in the application and documents attached herewith are true & correct to the best of my/our knowledge and belief. I/We agree that in case any particulars are found incorrect at any time, C-MET has the right to cancel the license of technology transfer for --- ------ --- and all the payments to the C-MET shall stand forfeited.  **Date** :  **Place:**  **Authorized Signatory**  **(with official seal)** | | |