CENTRAL PUBLIC WORKS DEPARTMENT APPLICATION FOR REVALIDATION OF ENLISTMENT

(The applicant should study carefully the Rules of Enlistment and the list of documents to be annexed with the application form before filling the form. Application found deficient in any respect are liable to be rejected without any further correspondence)

1. Name of applicant		CAT	EGORY
2. Nationality	Indian		Other
3. Address			
Regd.Office			
Head office			
4. Telephone Number Now E-mail address			Fax No.
5. Constitution Partnership firm □	Individual Public Ltd. Compar	☐ Sole ny☐	Proprietorship Concern☐ Private Ltd. Company ☐
6. If partnership firm, If Company name of		:	1
7.(a) Name of person I (b) Nationality	nolding power of atto	rneyIndian	
8. Name of Banker	rs with full address		
9. Place of busines	SS		
	staff in applicant's em Jineers with minimum		
(b) Graduate en	gineers with minimur	n 5 years' exp	erience(excluding (a) above
(c) Diploma engii	neers with minimum (5 years' experi	ence \square
(d)Furniture/Furr	nishing Designers		
(e) Graduate or	Post Graduate in Ag	ıricultural Scie	nce \square
workshop as pe the class & cate	ant have sufficient T& r requirements menti gory applied for on separate sheet)	,	

12. [F	For Electrical]		
	i) Does the applicant possess valid Electrical License	Yes □	No 🗆
ii)	Do the permanent electricians employed by contractor		
	posses valid license	Yes □	No 🗆
11. Is CP ¹ 12. De las wo the	(a) Details of enlistment with CPWD (i) Enlistment No. & date (ii) Valid upto any person working with the applicant is a near relativ WD. (See Rule 17 of the Enlistment Rules) If answer to above is Yes, give details Itails of CPWD and Non CPWD Works completed, in proget enlistment/revalidation period as per Annexure -III. Torks whose gross amount of work done is more than the class in which registration is required. Receipted copy WD works also be enclosed Whether above details enclosed?	Yes ress & secure This list should required ma	No □ d during the d include all agnitude for
i I/W Coo ii I/' the iii I/W be Iv I/W rar las per the	rtificates: We (including all partners) certify that I/We have read to intractors in CPWD as amended upto date and shall abide. We certify that I/We will not get myself/ourselves regise. Department under more than one name, we certify that the information given above is true to the vector of the understand that if any information is found incorrect, cancelled. We certify that I/none of the partners/Directors retired and of the certify that I/none of the partners/Directors retired and of the or as any Gazetted Officer employed on Engineering of the two years. We also certify that we have neither under of the certify that we have neither under of the partners of the covernment. (Strike out whichever is not applicant(s)):	by them. stered as confine best of our our enlistmer or Administrat our employments retirements	tractor(s) in knowledge. It is liable to of Gazetted ive duties in any such
Name 1. 2. 3. 4. Date	Signature Addres	SS	
Date			
No. of	documents attached		