FORMATS FOR SUBMISSION

FORMAT-1

APPLICANT'S EXPRESSION OF INTEREST

To,	Dated: the, 2025
Director Economics & Statistics, Government of Meghalaya Lower Lachumiere, Shillong – 793001	
Subject: Invitation for Expression of Interreputed firms/ agencies/ organizations/ instiservices for carrying out studies to improve Product".	tutes etc., for the "Consultancy
Dear,	
In response to the invitation for Exponent in the above proposed task for the following students	arpose, we express interest to carry
(i) (ii)	
As instructed, we attach 2 sets of the followenvelopes and one soft copy (in MS Word format)	<u> </u>
 Organizational Details (Format-2) Experience in consultancy for preparat List of experts/consultants for conduct of the organization/ firm/ agency (Form Financial strength of the organization three years (Format-5) Additional information (Format-6) Declaration (Format-7) 	ing studies/ consultancies on payroll nat-4)
Encl: as above	Vours foithfully
	Yours faithfully,
	Signature of the applicant [Full name of applicant] Stamp/ Seal Date:

Note: This page is to be furnished on the letter head of the organization.

Organizational Details

Sl.	Particulars	Details
No.		
1	Name of Organization (URL of the website of the	
	organizations may also be mentioned, if any)	
2	Year of establishment/ registered	
3	Main areas of business/ activity	
4	Name of the Head of the organization and other	
	functionaries (incl Board Members)	
5	Type of Organization Firm/company/partnership firm	
	registered under the Indian Companies Act, 1956/the	
	Partnership Act, 1932 (State the Act under which	
	established, registered and registration date)	
6	Whether the firm has been blacklisted by any Central	
	Govt./State Govt./PSU/ Govt. Bodies/Autonomous	
	Organisations? If yes, details thereof	
7	Address of registered office with telephone no., fax	
	and email	
8	Address of office located in the North Eastern States,	
	if any	
9	Contact Person with telephone no., fax no. & email	
	ID	
10	Area of operation (Pan India/ Regional/ State)	
11	Indicate if empanelled with any Government	
	Departments/ Agencies	
12	Name, designation and contact details of the	
	authorized nodal person who would the leader of the	
	team for the proposed study(ies)	

Enclosures:

- 1. Copy of Certificate of Incorporation/ Registration
- 2. Copy of Article of Association in respect of Sl. No 5 above.
- 3. Undertaking in respect of Sl. No. 6 above.
- 4. Certificate/ Letter of empanelment issued by the Government agency in respect of Sl. No. 11 above.

Signature of the applicant: Stamp/ Seal: Date:

Experience in consultancy for preparation of Reports

Overview of the past experience of the Organization/ Institution/ Agency in carrying out studies/ preparation of reports, etc:

Sl. No.	Item	Number of assignments during last 3 years	Name of such studies/ consultancies	Order Value (in Lakhs of Rs.) of each assignment (Enclose copy of each work order)	Mention the name of Client/ Organization (Enclose completion certificates)
1	Studies/ Consultancies carried out				
2	Experience in carrying out Studies/ Consultancies for the Central Govt Ministries and State Govt Departments and schemes				
3	Experience in carrying out Studies/ Consultancies for institutions other than Government				
4	Whether Studies/ Consultancies for similar study as proposed in the EoI has ever been carried out (if so, a copy of the report may be furnished)				

Signature of the applicant Stamp/ Seal: Date:

<u>List of experts/consultants for conducting studies/ consultancies on payroll of the organization/ firm/ agency</u>

Sl. No	Name	Designation	Educational Qualification	Papers published, if any	Relevant Experience	Sectors	Years of experience as a consultant/ expert
1.							
2.							
3.							

Note: The list should include only those experts/ consultants who are directly associated with the preparation of consultancy studies/ reports mentioned in Format -3.

Signature of the applicant Stamp/ Seal: Date:

Financial strength of the organization/ firm/ agency/ institute for the last three years

Sl. No.	Financial Year	Whether profitable (Yes/No)	Overall Annual Turnover (in Rs. lakh)	Annual Turnover from conducting of studies/ consultancies conducted in India (in Rs. lakh)
1.	2022-23			
2.	2023-24			
3.	2024-25			

Note: Please enclose auditor's certificate in support of your claim.

Signature of the applicant: Stamp/ Seal: Date:

Additional Information

1. List all enclosures related to the previous sections.

Sl. No	Description	No. of pages

2. Additional information to support the eligibility of the organization/ firm/ agency. (Not more than 2 pages).

Signature of the applicant: Stamp/ Seal:

Date:

Declaration

We would like to state that the information provided by us is true to the best of our knowledge and belief and we understand that we are liable for action under the law for any false information or document furnished by us.

We also understand that Government of Meghalaya shall be free to investigate on its own into the correctness of information furnished by us in this application and/or call for any further information in this regard from us, if so required.

We hereby confirm that we are interested in competing for carrying out the selected study(ies) on "Consultancy services for carrying out studies to improve the Estimation of State Domestic Product".

All the information provided herewith is genuine and accurate.	
Authorized Person's Signature:	
Name and Designation:	
Date of Signature:	

Note: This declaration is to be furnished on the letter head of the organization and should be sealed and signed by an authorized signatory of the organisation.