

APPLICATION FORM

EXPRESSION OF INTEREST FOR EMPANELMENT OF INDIVIDUAL CONSULTANTS FOR CLUSTER RELATED RESEARCH/IMPLEMENTATION SUPPORT

Sr. No.	PARTICULARS	
1	Name & full postal address of the agency with PIN code, STD code, Fax/Tel. No., e-mail ID	
2	Years of Experience (as on 31.07.2020) (Give details of experience for last five years as separate annexure/ attachment)	
3	Brief profile of the consultant (submit CV in an annexure)	
4	Relevant experience in DSR and relevant studies (Implementation/Research Support), since last five years. (Enclose work order of the clients or any valid proof)	
5	Details of the following	
5.1	a) GST Number (if any) (Please enclose certified copy)	
5.2	b) PAN Number (Please enclose certified copy)	
6	Any other information about the consultant with attested copies of supporting documents	
7	Financial quote (Please mention rate per day)	
Send it to info@msmefoundation.org		