

## INDIAN INSTITUTE OF SCIENCE BANGALORE - 560 012

### ALLOTMENT OF SPACE IN THE NEW SHOPPING COMPLEX

1. Name of the facility/shop applied for:	
2. Agency Information	
2.1 Name and address:	
Name of the agency:	
Address:	
Telephone No:	Fax:
Email:	Post Box no:
2.2 Date of establishment:	
2.3 Core Area of expertise of the agency:	
2.4 Contact person:	
Name:	
Designation:	
Telephone No:	Email:

2.5 Lead person:
Name:
Education:
Experience year: Area of Expertise:
2.6 Staff of the agency
No of regular staff:
Total:
Professional staff with relevant background:
Professional staff with other background:
Administrative/support staff
Provide the details in the Table No: 1
2.7 VAT/Pan registration:
VAT No:
Pan No:
3. Years of experience of the Agency:

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#### 4.1 Available Equipment

Provide list of equipment owned by the agency and relevant for the assignment

5. Preferred timings:

opening

closing

- 6. Supporting documents:
- **6.1Company Profile**, if any (To be attached)

#### 6.2Legal documents

Provide copy of the legal registration, VAT and PAN registration certificates of the agency; with their latest renewals where applicable

# Table -1: Relevant Experience of the Agency's Professional Staff

S.	Name of the	Qualificati	Total years	Relevant experience					
No	staff	on	of experience	Name of assignment Duration	Client	Position	Duration		
		Buration	2 3.33.57			From	То	Total month	