

(On letter Head)

Date:

Place:

To
The Managing Director
A.P. Technology Services Ltd.
Vijayawada

Sub: APPLICATION FOR PREFERRED VENDOR/ PREFERRED APPLICATION DEVELOPMENT
SERVICE PROVIDER / PREFERRED IT&ITES AND SUPPORT SERVICES PROVIDER
CERTIFICATE - REG

Ref: 1. G.O.Ms. No. 22 dated 28.11.2015 of ITE&C Dept., GOAP
2. Empanelment Notification of APTS

We are applying for issue of Certificate/letter considering us as Preferred Vendor as per G.O.Ms.No. 22 dt 28.11.2015 of ITE&C Dept. The details of our organization are as mentioned under.

1	Name of the Organization / Firm	
2	Billing address of Development centre / Manufacturing /Assembling/ IT&ITES Centre /Unit with Pin Code in AP	
	Telephone (With STD Code) /Mobile	
	Fax No.	
	Email & website	
	Name of the Contact Person	
	Designation of the contact person with mail id	
	Mobile No. Of the contact person	
3	Name of the CEO	
	Contact Details – Tele/Fax/Email	
4	No. of Employees working in the Organization in 13 Districts of AP	
5	No. of Employees belongs to Resident of AP	
6	AP GST NO.	
7	Products manufacturing/ Areas of Specialization	
8	Application submitted vide G.O.Ms.No. 22 dated 28.11.2015 for PMA Certificate under	
	8(i) Preferred vendor Empanelment / Rate Contract / Open Tender	
	8(ii) Preferred Application Development Service Provider	
	8(iii) Preferred IT/ITES and Support Services Provider	
9	Pl. Attach Copy of Registration, GST Copy, address proof in 13 Districts of AP and any additional documents if any	

Details of Employees belongs to 13 Districts of Andhra Pradesh

S.No	Name	Designation	Qualification	Experience In your firm (years)	Native District	Aadhaar No.
1						
2						
3.....						

(Use separate sheet if required)

I hereby declare that the particulars given above are true. If found any deviation at any point of time, we understand that, we can be black listed and Empanelment will be Cancelled.

Signature of the Authorized person

Name:

Designation:

Office Seal