

**DELHI DEVELOPMENT AUTHORITY
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)

CLASS IVCATEGORY CIVIL

1. Name of applicant Shri Niwas
2. Nationality Indian Other
3. Address Shri Niwas
Regd. Office F-17/59 Sec - 15 Rohini Delhi - 85
Head office.....
4. Telephone Number 9213886041 Fax No.
Now E-mail address 9213896050
5. Constitution
Individual Sole Proprietorship Concern
Partnership firm Public Ltd. Company
Private Ltd. Company
6. If partnership firm, names of the partners/
If Company name of directors
1. Shri Niwas
2. Pinkney Kaurvik
3.....
4.....
5.....
6.....
7. (a) Name of person holding power of attorney.....
(b) Nationality Indian Other
8. Name of Bank (with full address) Andra Bank Parbank Vihar 2c 14
issuing solvency certificate Rohini delhi - 11055
9. Place of business.....
10. Full time technical staff of relevant field in applicant's employment
- | | Nos. |
|--|--------------------------|
| (a) Graduate Engineers with minimum 5 years experience | <input type="checkbox"/> |
| (b) Graduate Engineers with minimum 3 years experience
[excluding (a) above] | <input type="checkbox"/> |
| (c) Graduate Engineers with minimum 2 years experience
[excluding (a) and (b) above] | <input type="checkbox"/> |
| (d) Diploma Holder Engineers with minimum 10 years experience | <input type="checkbox"/> |
| (e) Diploma Holder Engineers with minimum 5 years experience
[excluding (d) above] | <input type="checkbox"/> |
| (f) Diploma Holder Engineers with minimum 3 years experience
[excluding (d) and (e) above] | <input type="checkbox"/> |
| (g) Diploma Holder Engineers with minimum 2 years experience
[excluding (d), (e) and (f) above] | <input type="checkbox"/> |
| (h) Post Graduate in Agricultural Sciences | <input type="checkbox"/> |
| (i) Graduate in Agricultural Sciences with minimum 5 years exp. | <input type="checkbox"/> |

11. Does the applicant have sufficient T&P, Machinery and Equipment as per requirements mentioned in the Enlistment Rules for the Class & Category applied for (Attach details on separate sheet). Yes No

12. [For Electrical]

i) Does the applicant possess valid Electrical License Yes No NA

ii) Do the permanent electricians employed by contractor posses valid license Yes No

13(a) Details of enlistment with DDA

(i) Enlistment No. & date

(ii) Valid upto

14. Is any person working with the applicant is a near relative of the officer/official of DDA. (See Rule 17.0 of the Enlistment Rules) Yes No
If answer to above is Yes, give details

15. Details of DDA and Non DDA Works completed, in progress & secured during the last enlistment/revalidation period as per Annexure -III. This list should include all works whose gross amount of work done is more than the required magnitude for the class in which registration is required. Receipted copy of the Annexure - VII for DDA works also be enclosed
Whether above details enclosed? Yes No

16. Certificates:

- i I/We (including all partners) certify that I/We have read the Rules of Enlistment of Contractors in DDA as amended upto date and shall abide by them. *yes I signed*
- ii I/We certify that I/We will not get myself/ourselves registered as contractor(s) in the Department under more than one name, *yes I signed*
- iii I/We certify that the information given above is true to the best of our knowledge. I/We understand that if any information is found incorrect, our enlistment is liable to be cancelled. *yes I signed*
- iv I/We certify that I/none of the partners/Directors retired as an Engineer of Gazetted rank or as any Gazetted Officer employed on Engineering or Administrative duties in last two years (one year in case of Group "A" Officers). We also certify that we have neither under our employment any such person nor shall we employ any person within aforesaid period of his retirement, as applicable, except with the prior permission of the parent department.

(Strike out whichever is not applicable)

Signature(s) of applicant(s) :

Name

1. *Shrinivas*

2.

3.

4.

Date

No. of documents attached

Signature

Shrinivas

Address

F17/59 Sec-15 Rahim-85