

MINISTRY OF DEFENCE PRODUCTION
DIRECTORATE GENERAL MUNITIONS PRODUCTION

PARTICULARS OF LOCAL FIRMS

PART – I

1. Name of the Firm: _____
2. Address (Office): _____
3. Address Factory / Godown / Stocks: _____
4. Telephone: _____ Fax: _____ E-mail: _____
5. National Tax No: _____
6. Sales Tax No: _____
7. **Type of Firm**
 - a. Sole Proprietary Concern : _____ (Yes / No)
 - b. Partnership Concern : _____ (Yes / No)
 - c. Limited Concern : _____ (Yes / No)
8. **Detail of Employees** **Nos**
 - a. Executives : _____
 - b. Staff : _____
9. **Firm's Management Record** (Attach a list, if required)

Ser	Name	Father's Name	Designation	Passport / CNIC Number
a.			CEO / Signatory etc	
b.				
c.				
d.				
e.				
f.				
g.				

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10. Indicate partnership with any other firm as JV, consortium or association etc:

Ser	Name of Firms	Type of Partnership
a.		
b.		
c.		

11. **Firm's Bank Accounts**

- a. **Local Accounts.** Indicate in 'Remarks' whether account is in local or foreign currency)

Ser	Bank	Branch	Account No	Remarks
(1)				
(2)				
(3)				

- b. **Foreign Accounts**

Ser	Bank	Branch	Account No	Remarks
(1)				
(2)				

12. Indicate lead registration agency to which the firm is applying / submitting its documents for registration (please indicate by √)

Ser	Organization	Yes	No
a.	DGMP		

13. Indicate if the firm is interested in registration with any other organizations if the MoDP (please indicate by √).

Ser	Organization	Yes	No	Ser	Organization	Yes	No
a.	DGDP			e.	POF		
b.	DGMP			f.	HIT		
c.	DGRDE			g.	PAC		
d.	NRTC			h.	Karachi Shipyard		

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14. Indicate the category of registration for which being applied (please indicate by √)

Ser	Organization	Yes	No
a.	Manufacturer		
b.	Consultant		

15. Indicate the category of registration if other than above:-

a. _____

b. _____

16. Detail of stores for which indexation is applied for (attach list in case number of items are more):-

a. _____

b. _____

c. _____

17. If applying as Agent or a Distributor, mention Principals and their stores to be indexed:-

Ser	Principals	Stores
a.		
b.		

Note: Agents of local firms are not registered with the Defence Establishment.

18. Are you registered with any Defence Establishment other than the MoDP e.g SPD, NLC, FWO or any establishment of the Services HQ etc? If so, please indicate:-

Ser	Organization	Registration Number	Date of Registration	Date of Validity	Category
a.					
b.					
c.					

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19. Are you registered with any Government or Semi-Government set-up (other than the Defence Establishment)? If so, please indicate:-

Ser	Organization	Registration Number	Date of Registration	Category
a.				
b.				
c.				

20. Was your firm previously registered with any Defence Establishment including MoDP under any other name and defaulted in any Defence Contract? If so, please furnish details below (or attach a list of contracts separately):-

- a. _____
- b. _____
- c. _____

21. Has your firm ever been blacklisted / debarred by any of the Defence Establishment or Government / Semi-Government entities? If yes, please indicate the type of legal / administrative action taken against the firm and duration of such action:-

- a. _____
- b. _____
- c. _____

22. Is there any case against the firm in the court of law and any other _____

23. Indicate past performance of your firm with all types of Govt, Semi-Government, Civil and Military Organizations (attach list if required):-

Ser	Contract	Organization	Contract Value	Completed / Not Completed	Remarks
a.					
b.					

Note. State reasons of non-completion in the 'Remarks' column. Performance also include all types of defence establishment.

PART – II**CHALLAN FEE**

24. Certified that I have deposited an amount of Rs _____ {lead agency to insert the amount both n words and figures} in Bank Account number _____ {lead agency to insert the account details} and a copy of the Challan number _____ dated _____ is attached.

PART – III**UNDERTAKING**

25. I certify that none of my near relatives (father, mother, sister, uncle, son, daughter or any other near relative with whom I would not like to complete in the open market) has registered any firm dealing in the same or similar type of stores / items. In case any such person attempts to do so, I undertake to inform the Directorate General Munitions Production (DGMP) of this fact without any loss of time.

26. I certify that information given in this proforma is correct to the best of my knowledge. I understand that in case it is found at any stage that information is incorrect or contrary to the facts / information given in the Application Form, the authorities concerned will cancel the Registration of the firm and the firm will be blacklisted and cross-debarred for up to ten years to do any business with the Defence Establishment and Government Agencies. I also undertake that any disciplinary action taken against the firm or its management will not be challenged in any Country of Law.

(Signature of the Applicant)

Name: _____

(in block letters)

Designation: _____

Date: _____

Office Stamp: _____