<u>Annexure I</u>

CHARTERED ACCOUNTANTS CERTIFICATE FORMAT

No					Dated			
Canai Gene Circle	Assistant Genera ra Bank, ral Administrati e Office, alore - 575001	-	· · ·					
Dear	⁻ Sir,							
Tenc	ler Reference N	lo						
This	is		to		certify		that	we, , vide
our M/s	registration	No.		,	Auditors	of	the	company/firm

______ do hereby certify that, the company/firm has turnover and net profit for last three financial Year **from Solar Power Projects** given as under:-

Financial Year	Assessment Year	Turnover (Rs. In Lacs)	Net profit after tax (Rs. In Lacs)
2020-21	2021-22		
2021-22	2022-23		
2022-23	2023-24		

The certificate has been based on information and documents produced before us. (Copy of the certified documents attached for your reference)

Yours faithfully

(Name & Signature with Seal)

For and on behalf of

M/s _____

UDIN:

Place:

Note: This CA Certificate should be on the letterhead of the Auditor Firm and should be signed by a competent person of the Firm.

<u>Annexure II</u>

LIST OF WORKS COMPLETED BY THE FIRM DURING THE LAST 5 YEARS

One/Two/Three similar job/s worth **AS PER ELIGIBILITY CRITERIA** during last Three years.

Sr. No	Name of the Project & location.	Name & full postal address of the Government / Semi Government / PSUs /PSBs with full postal address & details of contact person	Contract Amount (Rs.) for SITC of grid interactive (Through Net- Metering) SPV based Solar Power System work only with copy of Work Order	Completion Period Stipulated (Year)	Actual (Year) of Completion with work completion certificate.	Any other Relevant Information.
1						
2						
3						

Notes:-

1. Information has to be filled up specifically in this format in your **letter head**. Please do not write remark "As indicated in Brochure".

Annexure III

DETAILS OF RELATIVES WORKING IN BANKS

1. Details List of relatives working in Canara bank;

NAME OF THE OFFICIAL	DESIGNATION	ADDRESS OF THE OFFICE / BRANCH

2. Details List of retired Government / PSU/ Bank employees , employed by the tenderer / contractor :

NAME OF OFFICIAL	THE	RETIRED	DESIGNATION	NAME & ADDRESS OF THE PREVIOUS EMPLOYER

* <u>Mention NIL if not applicable.</u>

Signature of the Applicant