



**Province Government  
Lumbini Province  
Province Training Academy (PTA),  
Nepalgunj, Banke**

**Standard Format for the Application and Information  
to be registered on Standing List**

**(For the consultancy services to carry out various activities)**

**Fiscal Year: 2077/78**

## Application format

(As per rule 18, (Sub-rule (1) of Public Procurement Regulation 2064)

Date:

To

The Executive Director

Province Training Academy (PTA)

Lumbini Province, Nepalgunj-Banke

**Subject: Request for registration in Standing List for Consultancy Service**

Dear Sir/Madam,

In response to your notice published on 2077/08/24, we would like to submit application with information in the given format, organizational legal and other relevant documents to be registered in the standing list of PTA for carrying out activity on **{Name of consultancy service/assignment}**.

Thank you.

Signature:

Name:

Position:

Date:

Seal of organization:



## **DOCUMENTS SUBMITTED:**

<b>Documents</b> (Please write "Yes" or "No" in the right column)	<b>Yes/No</b>
1. Application in the given format	
2. Copy of Registration of applicant/service provider and <b>Renewable(076/77)</b> . In case of not availability of 076/77 document, pls. attach the document of FY 075/76 with clear justification and proof documents	
3. Copy of VAT Registration certificate	
4. Copy of Tax Clearance certificate of FY 2076/77. In case of not availability of 076/77 document, pls. attach the document of FY 075/76 with clear justification and proof documents	
5. SWC affiliation and renewal (for NGOs)	
6. Audit report (FY 2076-77). In case of not availability of 076/77 document, pls. attach the document of FY 075/76 with clear justification and proof documents	
7. Information format of organization as per below format	
8. Declaration that firm is not blacklisted (self-declaration)	
9. Organization's profile (optional)	

## **INFORMATION FORMAT OF ORGANIZATION/FIRM/COMPANY**

### **1. ACTIVITY AREAS**

1.	Conduction of Local Government Institutional Self-Assessment (LISA) in Local Government (LG)
2.	Preparation of Capacity Development Plan of LGs
3.	Formulation of Periodic Plan of LGs
4.	Preparation of Revenue Improvement Action Plan (RIAP) of LGs
5.	GESI Mainstreaming process facilitation in LGs
6.	Conduction of GESI Audit in LGs
7.	Orientation to Revenue Advisory Committee (RAC) in LGs
8.	Orientation to elected representatives and staff of LGs on Mid-Term Expenditure Framework (MTEF) of LGs

Please select one area which your organization is interested to apply.

## 2. AREA TO BE APPLIED FOR (please choose one from the list above)

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## 3. ORGANIZATION INFORMATION

Name of Organization/Firm	
Address	
Head of organization	
Contact person in the organization and designation	
Contact number of organization (Land Line)	
Contact mobile number	
Email address (provide authentic email address for future correspondence)	
Website	
Type of organization (NGO/Private Company/Firm)	

## 4. ORGANIZATIONAL REGISTRATION AND RENEWAL

Organization registration number	
District of registration	
Date of registration and latest renewal	
Affiliation with SWC (if applicable)	
If "Yes" date of affiliation with number	
SWC renewal up to date(for NGO)	
VAT registration date and VAT number	

Copies of up to date registration/renewal certificates are required.

## 5. THEMATIC AREAS & KEY OBJECTIVES OF ORGANIZATION/FIRM/COMPANY

(As per organization's authentic document)

Thematic areas of organization
Key objective/s of organization

**6. POLICIES AND PROCEDURES (please list the documents)**


**7. FINANCIAL MANAGEMENT**

<b>Financial transection of last three years</b>	
<b>Fiscal Year</b>	<b>Transaction amount</b>
Name and contact number of most recent auditor	

**8. ASSETS and LOGISTIC**

List of assets (pleases mention fixed assets of org.)
Process follow for procurement

**9. HUMAN RESOURCE**

**9.a Detail of Executive Committee/ Board of Director**

<b>Name</b>	<b>Current Address</b>	<b>Position</b>	<b>Qualification (Highest)</b>	<b>Contact number</b>

### 9.b Current Staffing status

Total number of staff	
Total male staff	
Total female staff	

### 9.c Detail of staffing (including professionals/experts)

SN	Name	Current address	Sex	Designation	Qualification (Highest)	Year of experience	Areas of expertise

### 9.d Potential/Available human resource for proposed consulting service/assignment

SN	Name	Current address	Sex	Designation	Qualification (Highest)	Year of experience	Areas of expertise

## 10. EXPERIENCE (Please provide experience of last 5 years relevant/similar to the proposed consulting service/assignment)

Name of assignment/ Project	Year	Duration (years/months/ days)	Client/ Donor /partner	Location (province/District /Palika)	Budget	Remarks

The above information is true. Any misrepresented information would lead to my dismissal and I agree to accept any legal actions taken from the authority against the information provided in this format if found wrong.

**Name and signature of authorized person**

Signature:

Name:

Position:

Date:

Seal of organization:

