

**APPLICATION AS LOCAL PARTNERS FOR ELECTRICITY DISTRIBUTION
FRANCHISEE (ORISSA)**

A) GENERAL INFORMATION ABOUT THE LOCAL FRANCHISEE PARTNER

1. Name of the Institution/Organisation/ Individual:

2. Contact Numbers and Mobile Number of Franchisee Partner

3. Nature of the Institution/Organisation:

- a) NGO b) CBO c) Co-operative d) Individual Entrepreneur
e) SHG f) any other (pl. specify)_____

4. Areas of operation: (for existing business run by the applicant)

a) Geographical area of operations	b) Kind of works done
-	-
_____	_____
-	-
_____	_____
-	-
_____	_____
-	-
_____	_____
-	-
_____	_____

5. The year of commencement of operations _____

6. Status of the Institution/Organisation:

- a) Registered b) Non-Registered

c) Agency registered with: (attach a photocopy of the registration)

-	-
_____	_____
-	-
_____	_____
-	-
_____	_____

7. Address of head office

8. Address of regional/local offices

9. Have you ever been blacklisted by any agency, whether Govt. or non-govt?

B) INSTITUTIONAL PROFILE

1. Organisational Structure (please draw the structure on a separate sheet):

1) Privately owned/Management Board: (Members)

2) Kindly attach bio-data of an owner/employer/ MD/ CEO/ President

2. Present Employee Profiles:

1) Total no of employees at present:

2) No of permanent employees and employees on contract/part-time/casual:

3) No. of Technical and Non-technical staff:

3. Manpower Planning under 'applied franchisee operation':

1) No. of staff to be posted at the proposed location of work:

2) No of permanent employees and employees on contract/part-time/casual:

3) No. of Technical and Non-technical staff:

4) Details of the technical posts and qualifications required

Position Name	No. of posts	Qualification	Location of work
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4. Physical infrastructure

- 1) Office space within the proposed area of operation: Owned/Rented
- 2) IT and communication facilities (Equipment type and Nos.)

- 3) Transport Vehicles (Types and Nos.)

C) HISTORY OF WORKS (most recent projects of last 3 years)

(Both Voluntary and professional works)

Sl. No	Name of the Project	Project duration	Client/Funding agency/Voluntary	Status (Completed/ On-going)	Remarks
1					
2					
3					

D) FINANCIAL STATUS

1. Please submit audited financial reports for the last 3 years
2. Bank Account Details: (Name of Bank, Branch name, Account number, Balance as on 1st of current Month) (Latest Bank statement)

3. Present Net worth: Rs. _____

E) CAPACITY AND WILLINGNESS OF ASSOCIATION

1. Have you ever had the experience in any work related to rural energy anywhere in India? If yes, please provide details.

2. Does energy fall into one of your mandated sectors? If not, would you like to make a foray in this sector

3. How will you arrange the manpower that can be dedicated for this work?

4. Can you provide a security deposit for the assignment? If yes, then what can be the maximum amount?

5. Mention the region of your interest for franchisee operations. (Subdivision, Division, Circle Name)

We agree to the terms and condition for the franchisee scheme and we are interested for franchisee operations of Feeders mentioned above. We look forward for your needful action for a rewarding association in the years to follow.

Signature: _____

Attachments:

- | | |
|---|--|
| 1) A photocopy of the registration | 4) Audited financial reports for the last 3 years |
| 2) Organisational Structure (on a separate sheet) | 5) Proof of bank Account Details |
| 3) Bio-data an owner/employer/ MD/ CEO/ President | 6) Bank account statement as on 1 st of current month |