



SILVERLINE HOSPITAL

Balaju-16, Kathmandu Nepal

Expression of Interest (EOI) Form

Fiscal Year: 2082/83

Company / Firm Information

Name of Company/Firm:

Contact Person Name:

Designation:

Registered Address:

Telephone Number:

Mobile Number:

Email Address (Official):

Website (if any):

Registration Details

Business Registration Number:

Registration Renewal Valid Up to:

VAT Number:

PAN Number:

Tax Clearance Certificate (Fiscal Year 2080/81): Attached / Not Attached

Authorized Distribution Certificate (if applicable): Attached / Not Applicable

Category of Goods / Services Applied For

- | | |
|---|--|
| <input type="checkbox"/> A. Pharmaceuticals & Medical Supplies | <input type="checkbox"/> E. Hospital Furniture & Fixtures |
| <input type="checkbox"/> B. Medical & Diagnostic Equipment | <input type="checkbox"/> F. Facility Management Services |
| <input type="checkbox"/> C. Surgical & Operation Theater Supplies | <input type="checkbox"/> G. IT Systems & Digital Solutions |
| <input type="checkbox"/> D. Biomedical & Technical Services | <input type="checkbox"/> H. Support Services & Utilities |

Experience & Capability

Years of Experience in Relevant Field: _____

Major Clients (Hospitals/Organizations Supplied To):

1. _____

2. _____

3. _____

Brief Description of Goods/Services Offered:

Document Checklist

- Application for Vendor Listing (This Form)
- Business Firm Registration Certificate (Renewed up to 2081/82)
- VAT & PAN Registration Certificate
- Tax Clearance Certificate (2080/81)
- Authorized Distribution Certificate (if applicable)

Declaration

I/We hereby declare that the information provided above is true and correct. I/We understand that submission of false information may lead to disqualification from vendor listing.

Authorized Signature:

Name:

Designation:

Company Seal:

Date: