

Your problem-Our concern

WE ARE PROFESSIONALS

APPLICATOR FORM



Name of The Applicant : V. HARIHARAN

Address : NO 4/12 VACLAR STREET NEW
PERJUNALATHUR.

City : CHENNAI State : TAMILNADU Country : INDIA

Tel. : 22742192 Mobile* : 9840879848 Email* : LAK MODAN@GMAIL

Aadhar* No. _____

Company Name : BHASKARA BUILDERS SOLUTIONS

Proficiency In (Application) : 9 years

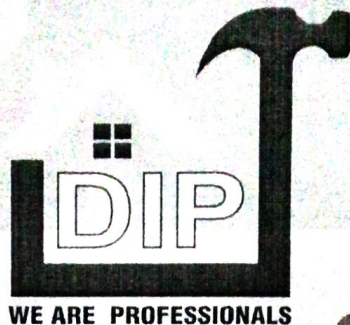
To the best of our knowledge and belief, the information given above are correct.

Place : CHENNAI

Date : 20/01/2020



Signature of the Applicant



COMPANY FORM

Company Name : BHASKARA BUILDING SOLUTIONS
Company Address : NO 4/12 VALLABASTREET NEW PERUMALUR
City : CHENNAI-63 State : TAMILNADU Country : INDIA.
Email ID* : LAKHODOWN@GMAIL.COM
Mobile No* : 9840879848
GST NO* : 33AARFB5938R1ZL
PAN NO* : AARFB5938
Bankers Name & Details* : ICICI
Swift Code : _____
Turn over of last 2 financial year
2017-2018* : _____ 2018-2019* : _____

* Copy of balance sheet
Total Experience in Years : 15 Years.
Type of Expertise In Application : ALL KIND OF APPLICATIONS.

TYPE OF WORK HANDLING (COMMERCIAL / RESIDENCE & INDUSTRIAL)

- | | | |
|---|--|--|
| Waterproofing : <input checked="" type="checkbox"/> | Injection Grouting : <input checked="" type="checkbox"/> | Floor Coating : <input checked="" type="checkbox"/> |
| Tiling Work : <input checked="" type="checkbox"/> | Sealant : <input checked="" type="checkbox"/> | Painting / Coating : <input checked="" type="checkbox"/> |
| Floor Polishing : <input type="checkbox"/> | Self Leveling Flooring : <input checked="" type="checkbox"/> | Concrete Repair : <input checked="" type="checkbox"/> |

Other : _____

Equipment available : (1) SPRAY MACHINE (2) BLOWER.
(3) INSULATION MACH. (4) COATING MACH. (5) _____

Have you attended any application training program ?
Yes No
If yes, please provide brief details : HE HAVENED ATTENDED IN SILEN.

This form is Mandatory and copy with self attested

Supervisor Strength : 5

Manager Strength : 2

Marketing Strength : 4

Labour Strength : 15

Other Company Activities and Details: _____

Name of Fairmate products used: _____

Name of The Owner : R. VADDYANATHAN



Address : No 4/12 VACLACAR STREET NEW PERUMAL CHENNAI.

City : Chennai - 600062 State : TAMIL NADU Country : INDIA

Tel. : 22742192 Mobile* : 9840879848 Email : LAKHODWON@vsnl.com

Aadhar* No. _____

Full Name with Residential Address Telephone Nos. or Partners / Directors:

R. V. VENKATACHANDRAN
do - as above

V. HARITHARAN
do - as above

To the best of our knowledge and belief, the information given above are correct.

Place : CHENNAI

Date : 20/01/2020



Signature _____
with Co. Seal

OFFICE USE

Recommended by : _____

Enrolment Amount : _____

Dt. of appointment : _____

Cash/Cheque/D.D. No. : _____

Territory : _____

Signature : _____

Category : _____

Date : _____