Application for Empanelment of Consulting Firms/Consultant for GRIHA Product Catalogue

## Date of Application:

1. **Name of the organization:**

## Address 1:

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## Address 2:

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## Contact Details of Oragnization:

* 1. **Office:**

## b. Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## d. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact details for correspondence:**

## Name:

* 1. **Designation:** \_

## Contact No.:

* 1. **Mobile:**
	2. **E-mail:**\_
1. Year of Establishment and Type (Please attach Certificate of Registration/Proprietorship letter) \*

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1. Details of Personnel employed with the firm:

***Details to be furnished in Annexure I***

1. Certified Professionals and Evaluators in the organization:
	1. Certified Professionals (nos.):
	2. Evaluators (nos.): \_

***Details are to be furnished in Annexure II***

***Note: A minimum of one employee should have attained GRIHA V.2019 Certified Professional /Evaluator credentials.***

1. Provide details of the products evaluated by the individuals of the organization.

***Details are to be furnished in Annexure III***

**Declaration**

To,

GRIHA Council

3rd Floor, Core 1B

India Habitat Centre

Lodhi Road

New Delhi – 110 003

I hereby declare that the information furnished is true and correct to the best of my knowledge and belief. I undertake to abide by the terms and conditions of empanelment as amended from time to time.

I have carefully pursued the application documents and understand that GRIHA Council reserves the right to withhold the application for empanelment in case the documents are false or incomplete.

SIGNATURE OF AUTHORISED APPLICANT

PLACE: DATE:

**List of supporting documents:**

|  |  |
| --- | --- |
| **Annex** | **Supporting Documents** |
| Company Registration | * Registration Certificate or any other proof of registration/Proprietorship letter
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| Proof of employment | * Annex I
* Offer letters or employment contract
 |
| GRIHA Accreditation | * Annex II
* GRIHA Certified Professional Certificate
* GRIHA Evaluator Certificate
 |
| GRIHA Products Evaluated by GRIHA Evaluator | * Annex III
* Proof of involvement (email correspondence)
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## Note:

* The completed application along with the necessary attachments/documents should be emailed to products@grihaindia.org
* All documents attached with the application should be self-attested by the authorized signatory of the organization/individual.

# ANNEX I

# Details of Personnel Employed with the Firm

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name** | **Designation** | **Date of joining** | **Academic Qualification** | **Professional****Experience (years)** | **Field of Expertise** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Annex II GRIHA Accreditation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name** | **Accreditation****(GRIHA CP/ GRIHA Evaluator/Both)** | **Version** | **Year of Accreditation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*If an organization has 1 employee with both the certifications, the accreditation will be considered as 2.

**Annex III**

**Details of GRIHA Products empaneled**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Company** | **Company code\*** | **Name of Official** | **Validity of certificate** | **Status****(In process/ Complete)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Company code: Provided by GRIHA Council during registration of company.