



Indian Plumbing Skills Council
B/ 168-169, DDA Complex,
Okhla Indl. Area, Phase 1 New Delhi 110020, India
Phone:+91-11-41513580, 41400556 Email: ipssc@ipssc.co.in

Due Diligence Form

Application for Association with IPSC at: _____ (State name)

Name of the Institute: _____

Address: _____

Centers Location for affiliation: - 1 _____ 2 _____ 3 _____ 4 _____

Tel. No (with STD code): _____ Fax: _____ Email ID: _____

Mobile No. : _____ Residence No. : _____

Nature of Ownership: Proprietary () Partnership () Pvt. Ltd. () Public Ltd. ()

Name of the Proprietor / Partners / Directors:

1) _____ Age: _____ Father's Name: _____

Residence Address: _____

Telephone No. : _____ Mobile No: _____ e-mail ID: _____

2) _____ Age: _____ Father's Name: _____

Residence Address : _____

Telephone No. : _____ Mobile No: _____ e-mail ID: _____

(In case of Partnership Firm, please attach a copy of partnership agreement. In case of a company, please attach copy of Memorandum and Articles of Association)**

Commercial & Financial Particulars (as applicable):

PAN card no.: _____ Service Tax no. : _____

TIN No. : _____

Bankers: _____

Address: _____

Account No. : _____

Account with this bank is for how many years ? _____

Bank Limit: Yes () No () If Yes, Current utilization: _____

Office/premises covered Area in Sq. Ft.: _____ Owned / rented _____



Total Turnover for the last three years:

Year: _____ Rs. _____ Year: _____ Rs. _____ Year: _____ Rs. _____

Profit (loss) for the last three years:

Year: _____ Rs. _____ Year: _____ Rs. _____ Year: _____ Rs. _____

Particulars of the agencies / Franchise you are having (As applicable):

Name of the Company	Training already giving	Revenue/Turnover
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Revenue Projections/ Potential (IPSC) for the next three years:

Year: _____ Rs. _____ Year: _____ Rs. _____ Year: _____ Rs. _____

Proposed Investment:

Pending lawsuits against the Company

(detail on claimant, claimed damages, brief history, status, anticipated outcome, and name of the Company's counsel)

Pending lawsuits initiated by Company

(detail on defendant, claimed damages, brief history, status, anticipated outcome, and name of Company's counsel)

No. of employees working with the firm/ company (full/part time): _____

I / we confirm that the above particulars are true

SIGNATURE (of all partners with full name)

Dated : _____ at : _____

Any other information you would like to share:
