



UNIVERSITY OF MALAKAND

Chakdara District Dir Lower, Khyber Pakhtunkhwa, Pakistan

Phone: 0092-945-9250524

BID FORM FOR RUNNING OF STUDENTS CAFETERIA AT UNIVERSITY OF MALAKAND

1. Name in Block Letters: _____
2. Father Name: _____
3. CNIC #: _____
4. Mailing Address: _____

5. Permanent Address: _____

6. Cell Phone #: _____ PTCL#: _____
7. Experience Details(attached supporting documents if any): _____

8. Firm/Company information:
 - a. Name of Firm / Company:-----
 - b. Registration / License No.-----
 - c. Issuing date -----Valid up to-----
 - d. Issuing authority-----
9. BID Offered: Rupees in Figures: _____

Rupees in words: _____

Dated: _____

Signature: _____

.....
(For Office Use Only)

Recommended-----Not Recommended-----

Remarks-----

Signature (s):-----