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(b) By the sub-contractor

S.No.	Description of item(s) to be supplied	Quantity	Value	CIF Content

Signature: .....

Name of Authorised Signatory: .....

Designation: .....

Name of Main Contractor.....

Telephone Number .....

E-mail .....

Place Address .....

Date Fax No. ....

**APPENDIX-7D  
FORMAT OF CERTIFICATE OF PAYMENTS**

(Please see Para 7.03 (g) of HBP & ANF-7A)

**FORM-I**

**Certificate of Payment to be Issued for supply of goods falling under categories (e), (f), (g) and (h) of Para 7.02 of The FTP by The Project Authority to Main Contractor/sub-contractor(s).**

or

**By Main Contractor to Sub-Contractor(S)**

This is to certify that:

- (i) I ..... (Name and Designation) am duly authorised to issue the payment certificate by company/firm.

- (ii) The goods of quantity and value as described in contract No.....dated.....and supply Invoices have been supplied to us against purchase order No.....dated ..... the details of suppliers are given below.
- (iii) The supplies have been made in accordance with the conditions mentioned in the Project Authority certificate issued to the supplier on.....
- (iv) Such supplies are covered under Para 7.02 (e), (f), (g), (h) of FTP (mention whichever is applicable).
- (v) The name of the sub- contractor has been included in the main contract itself, before the date of supply, and the description, quantity and value of the goods which has now been supplied to us or to the main contractor, has already been indicated in the main contract. These supplies conforms to the specifications laid down in the main contract.
- (vi) We have accepted the supplies at the Project site/factory at the price stated in the invoice.
- (vii) We have paid to the suppliers, namely, M/s..... the sum of Rs.(figures and words.....) on..... (date) being ..... per cent of the value of the goods/ equipments/ capital goods supplied as per terms and conditions of the contract No..... dated..... entered into with the suppliers.

Signature .....

Name .....

Designation .....

Name of the Project .....

Telephone Number .....

E-mail .....

Address .....

Fax No. ....

Place  
Date

**Note:** This certificate should be signed by the Chief Executive In charge of the Project concerned or by a senior officer specially authorized by him for this purpose.

S.NO.	DESCRIPTION OF GOODS	Qty	INVOICE NO	DATE	FOR VALU	DATE OF PAYMENT

**FORM-II**

**(UNDERTAKING TO BE GIVEN BY THE APPLICANT)**

1. We, M/s..... undertake in respect of our application dated ..... against..... (description of goods) supplied to/received from ..... (name of buyer/supplier), that :-

(a) particulars stated in the application dated ..... are correct;

(b) the goods as mentioned in application have been supplied to/received from ..... in terms of the contracts referred.

(c) the payment against these supplies have been received/made; and

(d) supplies have been made/received at the prices indicated in Contract No..... dated .....

(2.) If at any future date we, the supplier, are required to refund any amount to the buyer, namely ..... on account of non-satisfactory performance of the equipment during the guarantee period or on account of replacement of defective parts as per contractual agreement, we shall send an intimation to the Regional Authority concerned within 30 days giving full particulars of such refund.

**Or**

If at any future date we, the recipient, are required to return any goods to the supplier, namely. .... on account of non-satisfactory performance of the equipment during the guarantee period or on account of replacement of defective parts as per contractual agreement, we shall send an intimation to the Regional Authority concerned within 30 days giving full particulars of such return.

(3.) We, the applicant, shall refund to the Regional Authority proportionate amount in respect of the amount refunded to the Project Authority/goods returned back.

Signature .....

Name (In Block Letter).....

Designation .....

Telephone Number .....

E-mail .....

Address .....

Fax No. ....

Place

Date