Application for Revalidation of Empanelment of GRIHA Consulting Firms

## Date of Application:

1. **Name of the organization:**

## Address 1:

\_

## Address 2:

\_

## Contact Details:

* 1. **Office:**

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

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

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

1. **Authorized Contact person details:**

## Name:

* 1. **Designation:** \_

## Office Contact No.:

* 1. **Mobile:**
  2. **E-mail:**\_

1. Year of Establishment and Type (Please attach Certificate of Registration) \*

\_

1. Staff Strength: \_
2. 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 two employees should have attained GRIHA V.2019 Certified Professional /Evaluator credentials.***

**Declaration**

To,

GRIHA Council

3rd Floor, Core 1B

India Habitat Centre

Lodhi Road

New Delhi – 110003

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 |
| Proof of employment | * Annex I * Offer letters or employment contract |
| GRIHA Accreditation | * Annex II * GRIHA Certified Professional Certificate * GRIHA Evaluator Certificate |

## Note:

* The completed application along with the necessary attachments/documents should be emailed to [kamal.kishor@grihaindia.org](mailto:kamal.kishor@grihaindia.org)
* All documents attached with the application should be self-attested by the authorized signatory of the organization.

# 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.