HEADQUARTERS ANTI NARCOTICS FORCE
RAWALPINDI

PREQUALIFICATION PERFORMA

Name of the Vendors/ Firm	
Address	
(Telephone, Fax & E-mail)	
Year of Establishment	
Sales Tax Registration No. (attached documentary evidence)	
Income Tax No. (attached documentary evidence)	
Banker's Name & Contact Details	
Whether the Pay Order as Security Deposit Amounting to Rs. _____ payable at Headquarters Anti Narcotics Force Rawalpindi is attached if required.	Yes___ No____ If yes please give No, & Date_____
Annual turn over supported by income tax return (For the Year 2025-26)	
Assignments in Hand	
Clientage	
Attach as separate Annexure (if necessary)	