

(To be submitted on SUPPLIER letter head with seal and signature)

INDEMNITY BOND CUM UNDERTAKING

Telangana State Renewable Energy Development Corporation Ltd., (TSREDCO),

D.No. 6-2-910, 2nd Floor, Visvesvaraya Bhavan, The Institution of Engineers Building,
Khairatabad, Hyderabad - 500 004.

Sub: Undertaking for Payment of GST Amount and filing of GST Return for release of MNRE Subsidy towards (Name of the Scheme).

Sir/Madam,

With reference to payment of GST amount and filing of GST Return for release of MNRE Subsidy towards (Name of the Scheme), for the identified Invoices raised by us, we, M/s. _____ (supplier name) having our Registered Office at _____, possessing GST Identification No. _____ hereby declare and undertake as follows:

1. We hereby declare that we have filed GST Returns and paid GST on the related invoices as per details below to the GST Authorities.

Sl. No.	Net Met. Reg. No	Inv. No& Date	Invoice issued in favour of	Gross Value Rs.	Taxable Value Rs.	CGST Rs.	SGST Rs.	IGST Rs.

2. We hereby agree and undertake to indemnify as under:-

In case of rejection of subsidy claim by the concerned Government Authority, for non-payment of GST amount by us or for any other reasons attributable to us, we hereby undertake and agree to indemnify to **(TSREDCO)**,

in full against all consequences, liabilities of any kind whatsoever directly arising from non-compliance of GST which includes interest, penalty and consequential damages arising out of such wrong claiming of subsidy.

3. We hereby agree and confirm that –

any breach of the above indemnification or undertakings shall be construed as breach of the terms and conditions for reimbursement of SUBSIDY and TSREDCO shall be at liberty to take such action against us including recovering of reimbursed SUBSIDY amount from

- a) any of our Bank Guarantee executed in your favour, if any,
b) Security Deposit paid for any of your work, if any

I / We declare that I am empowered to execute this Indemnity Bond cum undertaking and the same is given under the orders of proper authority as per the delegation of power of the organization.

Place:

Date:

Authorised Signature of the Indemnifier

Name:

Designation:

Seal.