



India Exposition Mart Ltd.
Plot No. 25 & 27-29, Knowledge Park 2,
Greater Noida – 201 308. (U.P.)
Phone: +91 120 2328011-20
Fax: +91 120 2328010
Contact: Mr. Niraj Kumar
Mobile: +91 8800790310
E-mail: exhibition@indiaexpocentre.com
Alternate E-mail :
operations.executive@indiaexpocentre.com

OPTIONAL

FORM F01

SECURITY
SERVICES

DEADLINE FOR RECEIPT OF FORM: 22 Oct 2026

Date	Day Shift No. of Guards (A)	Night Shift No. of Guards (B)	Rate INR Day Shift (C)	Rate INR Night Shift (C)	Amount C x (A+B)
26 Oct			1830	1830	
27 Oct			1830	1830	
28 Oct			1830	1830	
29 Oct			1830	NA	
30 Oct			1830	NA	
31 Oct			1830	NA	
01 Nov			1830	1830	
Sub Total					
GST – 18%					
Total					

Note: -

- Rates mentioned above are on hire basis and applicable as per dates available.
- Orders are valid only when accompanied with full payment before the deadline
- Please make DD or transfer payable to **India Exposition Mart Ltd.**,

Bank Details	
Bank Name	FEDERAL BANK
Address	FEDERAL TOWERS, H-362, SHOPPING COMPLEX, SECTOR 22, NOIDA, GAUTAM BUDDHA NAGAR - 201 301, UTTAR PRADESH
Beneficiary Name	M/s India Exposition Mart Ltd.
Beneficiary Address	Plot No. 25 & 27-29, Knowledge Park 2, Greater Noida – 201 308. (U.P.)
Account No.	13400200026760
Swift Code	FDRLINBBIBD
IFSC Code	FDRL0001340
PAN No.	AAACI8678M
GST No.	09AAACI8678M1ZR

Terms and Conditions:

1. Security services herein are confined to guarding individual booth only.
2. There are two shifts in one day service:
 - Day shift: 8.00 am – 8.00 pm.
 - Night shift: 8.00 pm – 8.00 am.
3. The company reserves the right to refuse any order. **Cancellation** of orders will only be accepted when made in writing to Customer Service Department no later than 7 business days prior to the commencement of tenancy period. Cancellation of order is subject to a charge at half of standard rate.

Exhibiting Company:	
Booth No:	
Contact Person:	Mobile No.:
Tel:	Fax:
E-mail:	
Signature:	Date:



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4. The final request for guards must be received by **24 Oct '26** for onward intimation to security service provider.

Exhibiting Company:	
Booth No:	
Contact Person:	Mobile No.:
Tel:	Fax:
E-mail:	
Signature:	Date: