

SUPPLIER REGISTRATION FORM

S. No.	Particulars
1.0	Nature of Business : (Please Tick) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Manufacturing</div> <div><input type="checkbox"/> Trading</div> <div><input type="checkbox"/> Authorized Dealer</div> <div><input type="checkbox"/> Sole Distributor</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Commission Agent</div> <div><input type="checkbox"/> Representative</div> <div><input type="checkbox"/> Any Other</div> </div>
2.0	Preferred Zone to Work: (Please Tick) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>All Zones <input type="checkbox"/></div> <div>North Zone <input type="checkbox"/></div> <div>South Zone <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>East Zone <input type="checkbox"/></div> <div>West Zone <input type="checkbox"/></div> <div>North-East Zone <input type="checkbox"/></div> </div>
3.0	Product for which Registration Sought for : <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>
4.0	<u>Organization Particulars</u> :
A	Name of the Firm / Company :
B	Office Address :
C	Contact Person :
D	Désignation :
E	Mobile No. :
F	Téléphone No. :
G	E-mail ID :
H	Web site :
I	Branches (if any) & locations :
J	Subsidiary (if any) & location :
5.0	<u>Organisation Type</u> : (Please Tick) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Proprietorship <input type="checkbox"/></div> <div>Private Limited <input type="checkbox"/></div> <div>Joint-Venture <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Partnership <input type="checkbox"/></div> <div>Public Limited <input type="checkbox"/></div> <div>Subsidiary to parent company <input type="checkbox"/></div> </div>
6.0	Whether your organization hold any of the following certificates: Pls attach copy of the same. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> ISO 9001</div> <div><input type="checkbox"/> ISO 14001</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> ISO45 001</div> <div><input type="checkbox"/> Any other Quality Management System being followed – Please Specify</div> </div>
7.0	Whether worked with any ISO Certified Organization: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> <div style="width: 60%;"> If YES – Name of Organizations (specify details); If required use separate sheet: 1. _____ 2. _____ </div> </div>

8.0	Three Years Turn Over in Lakhs:		
		Overall	With HCC (if any)
	This Year Projection		
	Last Year		
	Year Before Last		

9.0	Principal Bankers Information:
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10.0	Furnish the following details (Attach Certificates): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Certificate of Registration</td><td></td></tr> <tr><td>Pan Number</td><td></td></tr> <tr><td>GST Registration No.</td><td></td></tr> <tr><td>MSME No.</td><td></td></tr> <tr><td>Professional Tax certificate</td><td></td></tr> <tr><td>Factory License</td><td></td></tr> <tr><td>Labour License</td><td></td></tr> </table> <p>If you have applied for PAN No or any other no. mentioned above, please enclose the application copy along with.</p>	Certificate of Registration		Pan Number		GST Registration No.		MSME No.		Professional Tax certificate		Factory License		Labour License	
Certificate of Registration															
Pan Number															
GST Registration No.															
MSME No.															
Professional Tax certificate															
Factory License															
Labour License															

11.0	A) Name of 3 major Customers with who you are registered as approved Supplier i) ii) iii) B) Dealing with other major Organization.
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12.0	Enclosures : (Pls indicate) i) Balance sheet for 3 years : ii) Copy of latest IT Certificate:
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13.0	Additional Information to be provided wherever applicable (Enclose separate sheets) A) Names / Address / Tel. No. / Email ID / Mobile No. of all Partners / Directors ii) Employment details: Managers / Engineers / Technical / Skilled / Unskilled / Office Staff iii) Complete Product Range (Manufacturing / Dealing) iv) Name of foreign or local technical collaborators. v) Names of associated and sister concern. vi) List of Plant and machinery details. vii) List of inspection and testing instruments. viii) Salient features of the plant/equipment offered wrt safety & environment norms ix) List of customers with details. x) List of all the organization with whom you are registered as approved supplier. xi) Confirm whether you have Digital Signature facility (DSC) for e-procurement. Or willing to arrange. xii) Details of distribution/ sales/service Network
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I / WE CERTIFY THAT THE INFORMATION FURNISHED IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

DATE : _____