

## VENDOR REGISTRATION FORM

### A. Common Information :

- Vendor's Name :
- Type of Concern : Proprietary / Partnership / Pvt. Ltd. / Ltd
- Address (Office) :
- Address (Works &/or Godown) :
- Contact Person & Designation :
- Telephone / Fax No. :
- Mobile No. :
- E-Mail Address :
- Weekly Off / Working Hours :
- Business Activities : Trading      Manufacturing      Services
- If trading , state authorized dealer/s of :  
(write Companies and its products for  
which registration is desired and attach  
company's valid authorization letters/Certificates)
- If manufacturing , state products for which  
registration is desired :
- Range of other services offered :
- No. of Employees : Technical      Non-Technical      Others
- Year of Commencement :
- TIN GST No. :
- TIN CST No. :
- Are you Registered with Excise? : Yes      No
- HSN Code :
- ECC No. :
- Range, Division and cdlectorate :
- PAN No. :
- Annual Turnover( Rs. in Lacs ) : 0-100      100-500      500-1000      1000&Above
- Do you hold ISO 9001 / 14000 Certification : ISO 9001      ISO 14000      NO

- Business with us during last year (Rs. in Lacs) : 0-2      2-5      5-15      15& Above
- Major Customers :

**B. Additional Information by Dealer / Trader :**

- After sales support set up of Dealer / company Service center (mention Address,/Telephone no. /Concern Person's name )
- After sales support set up of principal company (mention Address,/Telephone no. /Concern Person's name )
- State Name /Address / Phone no./ Mobile no of main marketing Persons of the principal companies

**C Additional Information by Manufacturer / sub-contractor :**

- SSI Registration No. (if applicable) :
- Major testing Instruments available (list) :
- Is regular calibration of all instruments done : Yes      No
- Particulars of Plant & Machinery :

Information furnished by	
Name	:
Designation	:
Date	:
Place	:
Signature with company's stamp	

(Please attach additional sheet wherever space is inadequate to provide complete information)