

## VENDOR REGISTRATION FORM

**Instructions :**

Please **type** in the information OR **use capital letters** to fill ALL required data in this form.

General Information						
Name of Vendor						
Category :	1	Manufacturer	3	Authorised Dealer	4	Trader
	2	Contractor / Fabricator / Service provider (circle one)			5	Transporter
Sub Category:	1	Fabricator, MS	4	Supplier, Electrical	6	Others
	2	Fabricator, SS	5	Supplier, Instrumentation		
	3	Supplier, Hardware/Gasket				
Status of Organization :	1	Proprietorship	3	Partnership	5	Private Limited
	2	Public Limited	4	Others (please specify) :		
Date of formation :			Registered :		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head of the Organization :						
Designation :						
Contact Person(s) :						
Head Office / Registered Office Address :	Line 1					
	Line 2					
	City & State :				Zip:	
Phone (with area code) :			Mobile :			
Fax :			Alternate Fax :			
e-mail address :						

Registration Information			
CST TIN :			
VAT TIN :			
ECC No :			
Commissionerate		Range :	Div'n:
Service Tax Regn. No:			
PAN Number :			
Contractors / Fabricators :	Owner's TDS No.:		

Vendor Information			
Product(s) / Service(s) Offered (You may attach separate sheets or catalogs) :	1		
	2		
	3		
	4		
Factory Address :	Line 1		
	Line 2		
	City & State :		Zip:
Warehouse / Shop Address :	Line 1		
	Line 2		
	City & State :		Zip:
Approvals / Certification EIL / ISO etc. (Provide details on separate sheet)			
Your Major customers (attach a separate sheet if required)			

**Financial / Payment Information**

<b>Annual Turnover (last 3 years - in lacs)</b>	Mar 31 2008		Mar 31 2009		Mar 31 2010	
<b>Cheques to be issued in the name of :</b>						
<b>Does above name match CST / Excise Registration name given on page 1 ?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If No, provide details of CST, State Sales Tax &amp; Excise Reg'n for above name :</b>						
<b>Name of your Bank :</b>						
<b>Bank IFSC Code, RTGS / NEFT</b>						
<b>Account Number :</b>						
<b>Bank's address :</b>	Line 1					
	Line 2					
	City & State :			Zip:		

**Manufacturing facility (For manufacturers, contractors and fabricators only)**

<b>Machinery - Provide list of working machines with make &amp; capacity : (Attach separate sheet if required)</b>		
<b>Instruments (list all measuring / testing instruments, with calibration record)</b>		
<b>Manpower available (name &amp; designation of technical staff)</b>	<b>Designation</b>	<b>Name</b>

<b>This form was filled by :</b>	Name :			<b>Vendor's Logo</b>
	Date :		Place	
	Designation :			

**For INDPRO Office Use only**

<b>Approved :</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
	<b>Vendor ID Code No. :</b>				
<b>Verified by :</b>					
<b>Authorised by :</b>	<b>Name</b>		<b>Sign</b>		<b>Date</b>