

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

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

Manufacturing facility (For manufacturers, contractors and fabricators only)

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

This form was filled by :	Name :			Vendor's Logo
	Date :		Place	
	Designation :			

For INDPRO Office Use only

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