

VENDOR's E-mail :
 TEL.NO. :
 FAX NO. :

VENDOR REGISTRATION FORM

A. GENERAL :

1. Name of the Company :
2. Regd. Office and Address :
 Telephone no. :
 Gram :
 E-mail/Fax nos. :
3. Branch Office & Address :
 Telephone no. :
 Gram :
 E-mail/Fax nos. :
4. Factory Address :
 Telephone no. :
 Gram :
 E-mail/Fax nos. :
5. Name & Address of Contact Person :
 Telephone no. :
 Gram :
 E-mail/Fax nos. :
6. Nature of Company/
 (Please Tick Mark) :

Proprietorship	Partnership	Public Ltd.Co.	Private Ltd. Co.	Govt.Sector

7. a) Status of Company : Manufacturer/Mfgr.'s Agent/
 (Strike off whatever Authorised Dealer / Stockist /
 Trader /
 is not applicable) Importer Indian Agent
- b) SSI / Medium / Large : (Attach SSI Certificate copy)

Registered Office and Corporate Headquarter :

8. a) Items for which Registration is sought :
- b) Indicate if any of these are covered under DGSD Rate Contract :
- c) List of Items Manufactured enclose Product Catalogue/ Literatures. :
9. List of Important Clients (Photo copies of 5-10 orders to be enclosed). :
10. Annual Turnover for past 3 years (Attach a copy of last Audited accounts) :
11. Capital Employed :
- B. TECHNICAL AND QUALITY**
12. Manufacturing Facilities (Attach details of Equipments indicating Type, Capacity, Year of Manufacture etc. for all main equipments) :
13. Are your products certified to BIS/ other National/International Stds. (Give Details). Yes / No
14. Do you have ISO 9000 Certification: for the line of Products offered. Yes / No
15. Inspection, Measuring and Testing Facilities (Attach details of main equipment) :
- If answer to Point. 15 above is yes
- (a) Do you have a system of Calibration for these equipments to National Standards : Yes / No
16. In case of Manufacturers, name the Technical Collaborator, if any :

C. COMMERCIAL :

Registered Office and Corporate Headquarter :

17. Your Banker's Name and Address :
(Attach Solvency Certificate)
18. Have you been Assessed for Income Tax : Yes / No
(Attach latest Income Tax clearance certificate)
19. CST / ST Registration No. and Date :
20. Do you have any Sister Concerns :
If yes, for each one of item,
indicate their
- (i) Name :
- (ii) Address :
- (iii) Phone / E-mail / Fax nos. :
- (iv) Range of Products :

n.b.

- For Contact persons postal addresses please refer to our Disclaimer Certificate on the “Tenders” page of our Web Site(<http://www.nalcoindia.com>).
- Vendor Registration Forms duly filled in along with Company profile, copies of Balance sheet and Profit & Loss account statement for past 3 years, details of past experience/involvement, details of major orders executed, etc. may be sent to the Materials Department of the concerned Unit of NALCO where the subject item is required. If the items are required by more than one Units of NALCO, separate applications may be sent to the concerned UNITS