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):

<table>
<thead>
<tr>
<th>Proprietorship</th>
<th>Partnership</th>
<th>Public Ltd. Co.</th>
<th>Private Ltd. Co.</th>
<th>Govt. Sector</th>
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7. a) Status of Company (Strike off whatever is not applicable) : Manufacturer/Mfr.’s Agent/Authorized Dealer / Stockist/Trader /Importer Indian Agent

b) Micro/Small/ Medium / Large : (Attach copy of Certificate)
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/ISO 14000/ISO 18000 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:

17. Your Banker’s Name and Address (Attach Solvency Certificate) :

18. Copy of GST registration certificate (To be attached) :

19. Copy of GST registration acknowledgement slip containing the ARN (To be attached) :

20. Copy of PAN card (To be attached) :

21. Principal place of business with state (as per GSTIN) :

22. Address of Additional Place of Business (if any) :

23. Vendor to indicate the type of Registration (as Composite dealer/Regular dealer) :

24. Description along with GST HSN number of item dealt with :

25. Description along with GST Service Accounting Code of services dealt with :

26. 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 :

27. Do you confirm agreement for E-payment : Yes/ No