

## REGISTRATION OF SUPPLIERS FOR THE YEAR 2016 -17

Please fill up following information about your-self:-

<b>COMPULSORY DETAILS</b>	
Type products / services offered	
Name of the products / Services offered for which enlistment is made (PI indicate our product / service ref. no.)	
Name of the company (Regd. Office/Head office)	
Status of the Company (Tick whichever is applicable)	<input type="checkbox"/> Public Limited Company
	<input type="checkbox"/> Private Limited Company
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Proprietary
Address 1	
Address 2, if any	
City	
State	
Country	
PIN Code	
Telephone	
Fax	
Email Address	
Website	
Capacity – Please indicate the maximum value of a single order executed by you	

Respective client reference with contact person name, phone no.	
Company's turnover for the last three years (in lakhs)	
Contact Person's Name	
Contact Person's Contact Number	
Contact Person's E-mail ID	
Vendor Type (Tick whichever is applicable)	Manufacturer
	Authorized agent
	Contractor
	Others, Please specify
Local sales tax no.	
Local sales tax jurisdiction	
Service tax no.	
Service tax jurisdiction	
Central sales Tax Regn. No if any	
PAN No.	
Income tax ward/Circle	
Remark	

Signature with Stamp