



CONFIDENTIAL

REGISTRATION FORM FOR VENDORS

1. NAME OF THE VENDOR : _____
2. ADDRESS OF BUSINESS : _____

3. CONTACT PERSON : _____
4. CONTACT PHONE & MOBILE NO. : _____
5. EMAIL ID. : _____
6. TYPE OF SUPPLY : _____
7. DETAILS OF REGISTRATION / LICENSE NO. : _____
SHOP ACT LICENCE (Attach photocopies)
8. GST No. / TIN No. / DRUG LICENCE : _____
Other (Attach photocopies)
9. BANKERS NAME : _____
10. ANNUAL TURNOVER : _____
(Attach Copy of Balance sheet)
11. LIST OF CLIENTS : _____
(Attach Copy)
12. WEBSITE QUALITY AND SECURITY CERTIFIED BY: _____
STQC (Please attached certification for our record)
13. APPROVED EVOTING AGENCY OF MINISTRY : _____
OF CORPORATE AFFAIRS, GOVT. OF INDIA.
14. NUMBER OF VOTING EVENTS MANAGE : _____
EVERY YEAR ON YOUR PORTAL
15. EXPERIENCE / STANDING IN SUPPLY FIELD : _____
16. PAYMENT TERMS : _____
17. ANY OTHER INFORMATION OF INTEREST : _____

AUTHORISED SIGNATURE WITH STAMP