



a'XYKno

VENDOR REGISTRATION FORM

Sr. No.	ADDRESS	
1	Name of the Vendor	
	Address of Head Office	
	Street	
	City	
	State	
	Pin Code	
	Telephone	
	Fax	
	Email-id	
	Company Web Site (if any)	
	Name and Designation of Contact Persons	
	1-	
	2-	

2	Address of Branch (If any)	
	Street	
	City	
	State	
	Pin Code	
	Telephone	
	Fax	
	Email-id	
	Name & Designation of Contact Person	

3	Name of Subsidiaries / Sister Conern	

4a.	Area of Expertise	
	Name	Number of projects Executed

4b.	Key Contracts Executed in Last 3 years		
	Nature of Work	Start Date / Project Execution Date/ Current Status	Value
			Key Acievements

4c.	Key Personnels		
	Name	Designation	Qualification Experience

Please use separate sheets if required

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5	ORGANIZATION DETAILS	
	Status of Organisation	
	Tick (√) below appropriate option.	
	Public/Proprietorship/Partnership/Pvt.Ltd	
	Name of Business	
	(Trading / Manufacturing /Representation / Commission Agents)	
	Small-scale industry / MSI/ LSI	
	Registration No.	
	Year of Establishment	
	Name & Address of the Owner / Partners / Directors	
	Is this company independently owned and operated whereas the Management owns at least 51% and is responsible for both daily and long-term operations?	
	Yes No	
	Share Holding Pattern:	
	Collaborations Details (Foreign & Local) (If a	
	Yes No	

	Name & addresses of your bankers.				
	PAN No.				
	Service Tax Registration No.				
	FINANCIAL DETAILS OF				
	LAST THREE YEARS	Current Year to Date			
			2007-08	2006-07	2005-06
	Annual Turnover Rs. Lakhs				
	PBIT				
	PAT				
	Total Investment				

DECLARATION BY VENDOR

I confirm that,
The information furnished above is correct to the best of my knowledge and belief.

(Signature of Chief Executive)

Name
(In Capital Letter)

Place :
Date :
(Seal of Vendor)