

EMPANELMENT OF SUPPLIERS FOR THE YEAR 2017-18

Please fill up following information about your-self :-

Compulsory Details	
Type of products / services offered	
Name of the products / Services offered for which enlistment is made (Pl indicate our product/services 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 Designation	
Contact Person's Contact Number	
Contact Person's E-mail ID	
Vendor Type (Tick whichever is applicable)	<input type="checkbox"/> Manufacturer
	<input type="checkbox"/> Authorized agent
	<input type="checkbox"/> Contractor
	<input type="checkbox"/> 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	

Signatures