

SUPPLIER REGISTRATION FORM FOR THE YEAR 2025
GENERAL COMPANY INFORMATION

01. Name of the Company (Legal Name) :
02. Business Address :
03. Name of Owner with Telephone :
 Number and Email address)
04. Name of Contact person with :
 Telephone Number and Email address
05. Fax Number :
06. Web Address :
07. Nature of the Business :
 (mention the object Clause)
08. Business Registration Number :
09. VAT Registration Number (if applicable) :
10. ICTAD Registration Number :
 (If Applicable)

Whether copy attached herewith

- | | YES | NO |
|--|--------------------------|--------------------------|
| 11. Article of Association / Memorandum of Association | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receipt No | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Original Bank Deposit Slip | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Copy of Cash Deposit receipt or Copy of certified /
original Bank Deposit Receipt | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Copy of Any dealer ship or Agency ship should be mentioned
(Certificate should be attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Copy of Renewal of Agent Authorization
(Certificate should be attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Business Registration | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Previous Experience 03 yrs. | <input type="checkbox"/> | <input type="checkbox"/> |

3.0 List of Goods / Services / Civil Works Offered (

Category Number(s)-(tick in relevant box below)

1.1 <input type="checkbox"/>	1.1.1 <input type="checkbox"/>	1.2 <input type="checkbox"/>	1.3 <input type="checkbox"/>	1.4 <input type="checkbox"/>	1.5.1 <input type="checkbox"/>	1.5.2 <input type="checkbox"/>	1.5.3 <input type="checkbox"/>	1.5.4 <input type="checkbox"/>	1.5.5 <input type="checkbox"/>	1.5.6 <input type="checkbox"/>	1.5.7 <input type="checkbox"/>
1.6 <input type="checkbox"/>	1.7.1 <input type="checkbox"/>	1.7.2 <input type="checkbox"/>	1.7.3 <input type="checkbox"/>	1.7.4 <input type="checkbox"/>	1.7.5 <input type="checkbox"/>	1.8 <input type="checkbox"/>	1.9 <input type="checkbox"/>	2.1.1 <input type="checkbox"/>	2.1.2 <input type="checkbox"/>	2.1.3 <input type="checkbox"/>	2.1.4 <input type="checkbox"/>
2.1.4.1 <input type="checkbox"/>	2.1.4.2 <input type="checkbox"/>	2.1.4.3 <input type="checkbox"/>	2.2 <input type="checkbox"/>	2.3 <input type="checkbox"/>	2.4.1 <input type="checkbox"/>	2.4.2 <input type="checkbox"/>	2.4.3 <input type="checkbox"/>	2.5.1 <input type="checkbox"/>	2.5.2 <input type="checkbox"/>	2.5.3 <input type="checkbox"/>	2.5.4 <input type="checkbox"/>
2.5.5 <input type="checkbox"/>	2.6.1 <input type="checkbox"/>	2.6.2 <input type="checkbox"/>	2.7.1 <input type="checkbox"/>	2.7.2 <input type="checkbox"/>	2.8 <input type="checkbox"/>	2.9 <input type="checkbox"/>	2.10 <input type="checkbox"/>	2.11.1 <input type="checkbox"/>	2.11.2 <input type="checkbox"/>	2.11.3 <input type="checkbox"/>	2.12.1 <input type="checkbox"/>
2.12.2 <input type="checkbox"/>	2.12.3 <input type="checkbox"/>	2.12.4 <input type="checkbox"/>	2.12.5 <input type="checkbox"/>	2.12.6 <input type="checkbox"/>	2.12.7 <input type="checkbox"/>	2.13.1 <input type="checkbox"/>	2.13.2 <input type="checkbox"/>	2.13.3 <input type="checkbox"/>	2.13.4 <input type="checkbox"/>	2.13.5 <input type="checkbox"/>	2.13.6 <input type="checkbox"/>
2.13.7 <input type="checkbox"/>	2.13.8 <input type="checkbox"/>	2.14.1 <input type="checkbox"/>	2.14.2 <input type="checkbox"/>	2.15 <input type="checkbox"/>	2.16 <input type="checkbox"/>	2.17 <input type="checkbox"/>	2.18 <input type="checkbox"/>	2.19.1 <input type="checkbox"/>	2.19.2 <input type="checkbox"/>	2.19.3 <input type="checkbox"/>	2.19.4 <input type="checkbox"/>
2.20 <input type="checkbox"/>	2.21 <input type="checkbox"/>	3.1 <input type="checkbox"/>	3.2 <input type="checkbox"/>	3.3 <input type="checkbox"/>							

Name (Company / Individual) :

Authorized Signature :

Company Seal :

Date :