



**CONFIDENTIAL**

FM/MGM/MOM/13/7

## **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. CST No. /GST No. / TIN No. /DRUG LICENCE : \_\_\_\_\_  
GST No. (Attach photocopies)
9. BANKERS NAME : \_\_\_\_\_
10. ANNUAL TURNOVER : \_\_\_\_\_  
(Attach Copy of Balance sheet)
11. LIST OF CLIENTS : \_\_\_\_\_  
(Attach Copy)
12. AUTHORISED DEALERSHIP DETAILS : \_\_\_\_\_  
(Attach Copy of Manufacturing License Registration & Dealership Certificate)
13. APPROVED PRUDUCT LIST (Compulsory) : \_\_\_\_\_
14. ACCEPTABILITY TO DOOR DELIVERY : YES / NO \_\_\_\_\_
15. EXPERIENCE / STANDING IN SUPPLY FIELD : \_\_\_\_\_
16. PAYMENT TERMS : \_\_\_\_\_
17. WILLINGNESS TO ACCEPT RATE CONTRACT : YES / NO  
IF YES, STATE ACCEPTABLE PERIOD OF  
RATE CONTRACT : \_\_\_\_\_ 2025 TO \_\_\_\_\_ 2026
18. ANY OTHER INFORMATION OF INTEREST : \_\_\_\_\_

**AUTHORISED SIGNATURE WITH STAMP**