KENDRIYA VIDYALYA INA COLONY NEW DELHI 110023

SUPPLIER REGISTRATION FORM 2021-22

To

The Principal

Kendriya Vidyalaya

INA Colony

New Delhi- 23

Sub: Registration of firms/agencies for supply of service/Goods

|  |  |  |
| --- | --- | --- |
| Sl.no | Particulars | Details |
| 1 | Name of the firm |  |
| 2 | Name of the owner |  |
| 3 | Full postal address with pin code |  |
| 4 | E-mail |  |
| 5 | Website of the firm |  |
| 6 | Name of the contact person: |  |
| 7 | Contact No. (Mobile)  Landline No. |  |
| 8 | VAT/CST/TIN/TAN No.  (Copy to be enclosed) | VAT No:  CST/TIN No.  TAN No. |
| 9 | PAN No of the owner:  (Copy to be enclosed) |  |
| 10 | Current Bank Account No.  With Branch Details |  |

11. Product/ Items/Services/Category for which Registration is applied for:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.no | Name of Product/ Items/ Services/Category | Whether Original Manufacturer/Authorized Agent or Distributor/DGS&D Registered firm/Dealer | Remarks |
|  |  |  |  |
|  |  |  |  |

(In case of supplier please enclose authorization of your manufacturer/Authorized dealer/ Supplier/ Contractor Certificate)

12. Details of experience & place of work during the last 03 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.no | Institute where rendered service/ supplied articles | Period | Name of supplies/service | Remarks if any |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NOTE: Without TIN/PAN and VAT number, no firm will be registered. The Vidyalaya reserves the right to cancel the name of the supplier/firm/service provider from its lists at its absolute discretion without assigning any reason.**

**UNDERTAKING**

I Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proprietor of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby undertake that the above furnished information is correct to the best of my knowledge and belief. In case of any information/Supporting documents furnished by me, is found to be incorrect/false, the offer of my contract will be cancelled automatically and action may be taken as per KVS rules. I assure you to provide the best service to the Vidyalaya.

Place: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Name of proprietor ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal of the Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_