

**SUPPLIER REGISTRATION FORM**

Version: 2.0

PURCHASE DEPARTMENT

SA_PR_PC_012

Date: 07.03.2011

SA Ref No (For internal use only):

Product/Service for which Registration is sought	
Name of the Supplier	
Address of Head Office	
Telephone	
Fax	
Email-id	
Company Web Site (if any)	
Name and Designation of Contact Person (s)	
PAN Number	
VAT/Service Tax Registration Number	
Bank Account Number & Branch	
Any other Local body Registration Number	

Nature of Business	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Distributor	<input type="checkbox"/> Others
	Others (Specify):			
Nature of Company	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Others
	Others(Specify):			
Parent Company (If any)				
Years in Business				
Percentage of Exports to total sale				



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SERVICE DETAILS OF ORGANISATION

Describe your major field(s) of Operation/Service	Services	Percentage by Revenue

Make/Type / Model of machines used.(List of Hardwares & Softwares)	<table border="1"> <thead> <tr> <th>Software Description</th> <th>Numbers</th> <th>Leased/Purchased</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			Software Description	Numbers	Leased/Purchased																					
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Inspection & Testing equipment and facilities available at work. Please attach details.	<table border="1"> <thead> <tr> <th>Inspection Machine</th> <th>Number of Machines</th> <th>Years in Service</th> <th>Calibration Schedule</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>			Inspection Machine	Number of Machines	Years in Service	Calibration Schedule																				
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Is Sub Supplier approval carried out by you for your suppliers?	
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List of major clients with whom you are registered as approved Supplier (minimum 3 clients)		
Is your organization certified with any Quality control body (like ISO/ISI/etc). If yes, please provide details & copies of valid certificates.	Certification	Valid up to
Any industry accreditation / awards		
Other details (If any)		

S.No	List of Attachments

SIGNATURE:	SEAL:
NAME:	DATE: