



VENDOR REGISTRATION FORM

1. Name of the firm :

2. Postal Address :

Telefax Number: _____ Website: _____

Contact Person : _____ Tel: _____ Email id: _____

Address of Branch Office (nearest to Koppal) if any with telephone number _____

3. GENERAL INFORMATION

a) Year of incorporation : _____

b) Is the firm a Public/ Private/ Partnership or Proprietary firm: _____

c) Capital Investment : _____ d) Date the factory went into production: _____

e) Total area of the factory : _____ f) Covered area of the factory : _____

g) Annual turn over (last 3 years) : _____

4. MANPOWER:

a) Total number of employees : _____ b) Number of skilled workers : _____

c) Number of Engineering Graduates/ Diploma Holders : _____

5. MANUFACTURING FACILITIES

a) Capacity : _____

i) Design set-up _____

ii) Machining _____

iii) Casting (indicate ferrous/non-ferrous) _____

iv) Forging _____

v) Fabrication _____

vi) Others _____

b) Details of Plant & Machineries including material handling equipment installed : *Give details in a separate sheet*

c) Details of Stores / Equipments Manufactured by the firm (Bought-outs also to be indicated)

	Stores/ Equipment	Annual capacity
i)		
ii)		
iii)		
iv)		
v)		



b) Quality Control:

i) Test facilities available : (Complete details of heat treatment facilities, NDT facilities like Radiography, magnetic crack detection, dye penetration, ultrasonic test etc. Facilities for physical test and chemical analysis should be separately indicated)

ii) Laboratory facilities available:

6. If the firm is having any collaboration with overseas firms either technical or financial, please furnish brief particulars:

7. Details of large contracts executed in the last 12 months : *Give details in separate sheet*

8. Is the firm approved for BIS/ISO 9001-2000 certificates or by any other agency. If yes, please give details

**9. Whether the firm carries out erection and commissioning work at client's premises.
If yes, include details :**

10. Any constraints on account of power. If yes, stand by power details (if any) to be given :

11. Transportation:

a) Names of transporters utilized by firm for despatch of items on FOT Destination basis

b) Distance in kms from the firms works to Xindia, Koppal :

12. Particulars of Tax Registration

a) Income tax (PAN):

b) Central Excise

c) Service Tax

d) CST/ VAT

e) WCT (Karnataka)

13. Any other information

I/ we declare that the entries made in the application form are true to the best of my/ our knowledge

Place:

Designation:

Date:

Name :

Seal of the firm:

Signature: