

APPLICATION FORM FOR REGISTRATION OF FIRM
2019-20

To,
The Principal,
Kendriya Vidyalaya CRPF
Gandhinagar

Name of Product/Items/ Services/Category	Whether Original Manufacturer/ Authorized Agent or Distributor/DGS & D Registered firm/Dealer/Service Provider	Remarks

(Separate Application is to be filled-up for each category)

PART – 1 GENERAL INFORMATION

Sr.No.	Information sought	Information to be Provided
1.	Name of the Firm (in BLOCK LETTERS) & Website	
2.	Date of Establishment/Incorporation	
3.	Correspondence address with e-mail & Telephone Nos.	
4.	Address of Head Office & Telephone No. (if Separate)	
5.	Status Proprietary/Partnership/Private Limited Company/ Public Limited Company	
6.	Names of the Proprietor /Directors	
8.	Name of Representative(s) with Designation & Mobile No. who would be calling on us & Attending to our jobs.	
9.	Bank a/c No. of Firm/Name of Bankers with address & telephone nos.	

10.	Is the Firm registered Under the Factories Act ? If so, state: a) License No. b) Date of Last renewal of License (Copy of the license to be enclosed) c) PAN No. d) TIN No. e) TAN No. f) VAT No. g) ESIS No. if any h) EPF Registration No. (If any)	
11.	Whether holding certificate under shops & Establishment act duly renewed copy should be enclosed.	
12.	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years. IT Returns Balance Sheets & Revenue, A/c to be enclosed).	
13.	Turnover for last three financial years	F.Y 2018-19
		F.Y 2017-18
		F.Y 2016-17
14.	Are you agreeable to make deliveries to Kendriya Vidyalaya within given time of KVCRPF when so requested for	
15.	Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and contracts issued time to time.	
16.	Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached).	
17.	Mention any other specialties of your Establishment.	

Note: Please fill this form legibly in ink. If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

Declaration: I /We (Name/ Designation of authorized signatory) on behalf of (Name of Firm) hereby declare that the information submitted by me in this firm is true, complete and correct to the best of my knowledge and belief.

I/We request Kendriya Vidyalaya CRPF Gandhinagar (Gujarat) to consider inclusion or my /our name in the list of their approved firms/suppliers/service provider. We agree to give full satisfaction to the Vidyalaya in the event of their doing so.

CONDITIONS FOR REGISTRATION:

- (1)The Firm/Supplier should be in profession for at least one year (*copy of proof must be enclosed*).
- (2) Annual Turnover of the firm should not be less than the turnover mentioned against the different categories in any of the three financial years (*Attach proof*).
- (3) The firm should be on the approved panel of at least 3 reputed Firms/ Institutions.
- (4)The Firm/Supplier should have registration with state & Local Authorities for undertaking the profession/ activity (*Copies of proof are to be enclosed*)
- (5)The Vidyalaya reserves all the right to cancel the name of supplier/firm/service provider from its approved lists at his absolute discretion without assigning any reason.

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Signature with Seal

Place:.....

Name:.....

Date.....

Designation:.....