

KENDRIYA VIDYALAYA MANDI (H.P)

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APPLICATION FORM FOR REGISTRATION OF FIRM

S. No. of Category :	Name of the Category with :-
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(Separate Application is to be filled-up for each category)

Incomplete forms without required enclosures will be rejected.

APPLICATION FOR REGITRATION OF FIRM AS SUPPLIER/ SERVICE PROVIDER

PART – 1 GENERAL INFORMATION

S.No.	Information sought	Information to be Provided
1	Name of the Firm (in Block Letters)	
2	Date of Establishment/Incorporation	
3	Correspondence address with Telephone No.	
4	Address of Head Office with Telephone No. Email id (mandatory) Mobile No	
5	Status Proprietary/Partnership/Private Limited Company/ Public Limited Company	
6	Name of Chief Executive/Owner with his present address and Telephone Nos.	
7	Name of Representative(s) with Designation who would be calling on us and attending to our jobs.	
8	Name of Bankers with address & telephone nos.	

9	Is the Firm registered Under the Factories Act “? If so, state (IN Bold Letters) (a) PAN No. (b) GST NO (c) TIN NO (d) ESI No. (e) EPF Registration No. (f) Service Tax No. (Fill whichever is applicable)	
11	Whether holding certificate under shops & establishment act duly renewed (copy should be enclosed).	
12	Are you agreeable to make deliveries to Kendriya Vidyalaya within and out of KV Mandi when so directed?	
13	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and contracts?	
14	If your firm has provided services to any KV/KVS, RO/ KVS, HQ or any other State/ Central Govt. offices. Please give name and address.	
15	Mention the services/Supply provided by your firm	
16	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.

I/We _____
request Kendriya Vidyalaya, Mandi (MS) to consider inclusion of my/our name in the list of their approved Firms/Suppliers/Service provider. I/ We agree to give full satisfaction to the Vidyalaya in the event of their doing so.

Dated at _____ of this _____ day of _____ 2019.

Signature with Seal

Name:- _____

Designation: _____

Note: The Vidyalaya reserves the right to cancel the name of the supplier / firm /service provider from its approved lists at his absolute discretion without assigning any reason.