



विक्रेता पंजीकरण फार्म
VENDOR REGISTRATION FORM

राष्ट्रीय औद्योगिक इंजीनियरी संस्थान
NATIONAL INSTITUTE OF INDUSTRIAL ENGINEERING
मुंबई/ MUMBAI- 400 087

श्रेष्ठता की दिश में उद्योग को समर्पित/NURTURING INDUSTRY TOWARDS EXCELLENCE

NITIE, Mumbai

INSTRUCTIONS:

1. Please ensure that the Form is duly completed before submitting, as form not properly filled in is liable to be rejected.
2. Please write "N.A." wherever not applicable.
3. If the space provided in the Registration Form is not sufficient, please attach separate sheets and give annexure reference number on the attached sheet.
4. Please enclose copies of Certificates, Reports, etc. wherever essential.
5. Please note, NITIE may register you if found suitable, but do not issue any Certification or Registration Number, etc.
6. Please enclose 3 sets of Product Catalogue, Price Lists, Brochures, etc.
7. Please do not bend the Registration Form.
8. The duly filled Original Form with supporting documents is to be submitted to:

**REGISTRAR,
NATIONAL INSTITUTE OF INDUSTRIAL ENGINEERING (NITIE),
VIHAR LAKE ROAD,
MUMBAI - 400 087.**
e-mail: nitiecpsc@nitie.edu
Phone: (022) 28573371
Fax : (022) 28573351

NITIE, Mumbai

(To be filled in by Vendor)

1. Name of the Company

2. Status of the Company (Please tick the appropriate box)
(Refer Annexure 'A')
 - 2.1 Proprietary Firm
 - 2.2 Partnership Firm
 - 2.3 Private Limited Company
 - 2.4 Public Limited Company
 - 2.5 Co-operative Society
 - 2.6 Public Undertaking
 - 2.7 Any other (Please specify)

3. Date of Establishment

4. Firm is Registered under, (Please tick the appropriate box)
(Refer Annexure 'A')
 - 4.1 Partnership Act
 - 4.2 Small Scale Industries or Directorate
 - 4.3 D G T D
 - 4.4 CPWD/PWD/Railways, etc.
 - 4.5 Any other (Please specify)

5. 5.1 Registration No. and Date
(Kindly attached a photocopy of 'Registration Certificate')
- 5.2 Membership to any Trade/Business body
- 5.3 Any other Statutory Registration

6. 6.1 Firm's Permanent Income Tax A/c. No.
(Please attach a photostate copy and clearance document)
- 6.2 Firm's Sales Tax Registration:
 - 6.2.1 CST No: Date:
 - 6.2.1 GST No: Date:
- 6.3 Whether Excise Duty applicable? YES NO
- 6.4 Employees Provident Fund Code No. :
- 6.5 Employees State Insurance Code No. :

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7. Address with Telephone / Telex / Fax / Mobile / E-mail No.

7.1 Registered Office / Branch Office:

7.1.1 Carpet area occupied for Registered Office/Branch Office:

7.1.2 Weekly off at Registered Office/Branch Office:

7.2 Works / Factory:

7.2.1 Carpet area occupied for Registered Office/Branch Office:

7.2.2 Weekly off at Works / Factory:

7.3 Address for Communications:

7.3.1 Registered Office:

7.3.2 Branch Office:

7.3.3 Works / Factory:

7.3.1 Registered Office:

8. 8.1 Category:

8.1.1 Manufacturer

8.1.2 Authorized Dealer/Distributor/Stockiest:

8.1.3 Whole Selling Agent

8.1.4 Trader

8.1.5 Contractor

8.1.6 Authorized Service Centre

8.1.7 Consultant

8.2 Product Line (Please enclose Catalogues)

8.3 Terms manufactured/services offered:

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8.4 Whether the items are completely manufactured in Applicant's factory?

8.4.1 YES

8.4.2 NO

(If 'NO' names of sub-contractors who supply major components)

9. List of Directors/Partners/Proprietor with their Residential/Official addresses.
Telephone Numbers and Fax Numbers (if any)

10. Key Persons to be contracted:

Sl. No.	Name	Designation	Tele./Fax numbers	
			Office	Residence

11. Name and Addresses of Associated & Sister Concerns, if any:

12. Company has capacity to undertake:

12.1 Overhaul / Repair of:

12.1.1 A.C. Plant/Package Air Conditioners, Refrigerators, Freezers, etc.

12.1.2 UPS, Voltage Stabilizers, Transformers, Motors

12.1.3 Generators and other electrical items

12.1.4 Audio Visual equipments, Projectors, Amplifiers, Sound Systems

12.1.5 Computers, LCD, Multimedia, Micro Processor based systems

12.2 Sewerage Systems and Water Supply System Repairs:

12.3 Fabrication & Pipeline Repairs:

12.4 Hospitality and House Keeping Services:

12.5 Supply of Material Handling Equipment:

(Give details in separate sheet)

12.6 Catering Services / Canteen Supplies

(Give details in separate sheet)

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- 12.7 Special Repairs and Rehabilitation Services
 - 12.8 Internal furnishing and furniture supplies
 - 12.9 Civil Work:
 - 12.10 Epoxy Coating/Special Civil Repairs
 - 12.11 Electronic Equipment/Canteen Equipment Repairs
 - 12.12 Painting - Industrial/Residential
 - 12.13 Electrical/Lighting Maintenance/Electrical Supplies
 - 12.14 Water Supply and Pump Operation
 - 12.15 Land Development, Nursery, Gardening & Garden Supplies
 - 12.16 Pest Control
 - 12.17 Stationery and Office Suppliers
 - 12.18 Printing & Designing
 - 12.19 Travel/Bus/Taxi Services
 - 12.20 Pond Cleaning/Maintenance/related services
 - 12.21 Maintenance of Material Handling equipment:
 - 12.22 Any other activities other than listed above.
13. Manpower (Employed):
- 13.1 Supervisors :
 - 13.2 Others (Please specify) :

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14. List of Machinery/Equipment/Materials Handling facility & Tools and tackles etc.:

14.1 List of Equipments:

Sr.No.	Type of Machine	Age of M/c.	Qty.	Make of M/c.	Specifications	Capacity
1.						
2.						
3.						
4.						
5.						

15. Job Experience (Please attach separate sheet with copies of previous Work Orders/ Purchase Orders)

Name of Company	Job Order/ W.O. No./ P.O.Date etc.	Duration of Job/Validity & Completion Time	Value of Contract/ Purchase Order	Name & Address of Contract person for making reference	Details of the work supplies

16. Details of Quality Assurance System:

16.1	Do you have a Quality Control department?	Yes	No
16.2	Do you have any ISO-9000 certificates? (If YES, please specify ISO No.)	Yes	No
16.3	Do you have documented quality systems?	Yes	No
16.4	Are you doing business with any of the ISO-9000 certificate holders?	Yes	No
16.5	Are your instruments calibrated regularly? By whom?	Yes	No
16.6	Do you perform incoming inspection?	Yes	No
16.7	Do you have testing facilities for bought out materials? (If 'NO' what is done for testing of the same?)	Yes	No
16.8	Is in-process inspection done?	Yes	No
16.9	Do you carry out final inspection/test?	Yes	No
16.10	Do you issue certificate of conformance?	Yes	No

17. Foreign and Local Technical Collaboration

18. 18.1 Name of Bankers & their reference no. (i.e. A/c. No.)

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18.2 Solvency Certificate from Bankers:

19. List of Five reputed Clients with full address, Tele., Fax Nos. & Names of Contract Persons with who registered as approved Vendor.
20. Book Value of last 3 years Sales Turnover:
(Please attach copies of respective Balance Sheets)
21. List of Immovable Assets of Partners/Directors
22. Details of jobs executed under performance guarantee with copies of guarantee documents:
23. Whether prepared to undertake job with normal penalty clause?.
24. Type of Guarantee that can be furnished
(If answer to item no.23 above is an affirmative)

I/We hereby certify that the particulars and statements given above are true and correct to the best of my/our knowledge. I/We undertake to inform you at the earliest any change in details mentioned above.

Signature of the Applicant

Place: _____

Name in Block Letters

Date: _____

Designation

Full Office Address:

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