

G.R.D INSTITUTIONS

Vendor Registration Form

1. Name of the Organization :
2. Address :
3. Street 1 :
4. Street 2 :
5. City :
6. Pin code :
7. Phone :
8. Fax :
9. E-Mail :
10. Name of the 1st contact person :
11. Name of the 2nd contact person :
12. Type of equipment supplied by you :
13. Serial No of equipment :
14. Date of last supply to GRD :
15. Turnover during last 3 year
with GRD institutions :
16. Year of establishment of your company :
17. Quality Assurance Certificate possessed by you
 - ISO 9001 : Yes/No
 - ISO 14001 : Yes/No
 - OHSAS 18001 : Yes/No
 - Others (please mention) :

18. Name of the Promoter/Director :

19. Type of the organization : Proprietorship/Partnership/Private Ltd/Ltd

20. Indicate your registration numbers with Govt. Departments

- a) TIN
- b) CST
- c) Excise no
- d) Service Tax
- e) ROC
- f) DIC
- g) PF
- h) ESI

21. Specify your ESI Code for worker :

22. Specify your PF Code for worker :

23. Indicate some of your major customers :

24. Has there been any legal proceeding

against your company initiated by

your customers : Yes/No

If yes give details

25. Please specify your plans to deliver better field service to your customers that may strengthen the mutual trust between your company and GRD.

Station:

Signature with seal

Date: