



VENDOR / SUPPLIER REGISTRATION FROM

SL NO	PARTCULARS REQUIRED	TO BE FILLED BY SUPPLIER
A) GENERAL INFORMATION		
1	NAME OF THE COMPANY	
2	ADDRESS OF HEAD OFFICE	
3	TELEPHONE NO	
4	FAX NO	
5	E-MAIL NO	
6	DETAILS LIKE ADDRESS AND TEL NOS ETC OF BRANCH OFFICE , IF ANY	
B) OWNERSHIP INFORMATION		
1	NATURE OF BUSSINESS <u>(STRIKE OFF INAPPLICABLE ONES)</u>	MANUFACTURING UNIT / AGENT / DISTRIBUTOR / STOCKIST
2	TYPE OF COMPANY <u>(STRIKE OFF INAPPLICABLE ONES)</u>	GOVT OF INDIA UNDERTAKING / LIMITED CO / PVT CO / CO-OPERATIVE SOCIETY / PARTENERSHIP / PROPRIETORSHIP / ANY OTHER (SPECIFY)
3	YEAR OF ESTABLISHMENT	
C) REGISTRATION PARTICULARS (ENCLOSE LEGIBLE COPY OF CERTIFICATE FOR EACH)		
1	CENTRAL S T REGISTRATION NO	
2	EXCISE DUTY REGN NO / EC CODE NO	
3	S I REGN AND NSIC REGISTRATION CERTIFICATE SHOWING THE ITEM FOR WHICH REGISTRATION/ENLISTMENT SOUGHT FOR ENCLOSED?	YES / NO
4	PAN CARD COPY	YES / NO
		(SIGN & SEAL OF CEO OF SUPPLIER)
D) MANAGEMENT INFORMATION		
1	NAME OF CHIEF EXECUTIVE / PROPERIETOR / PARTENER & ADDRESS	
2	OFFICIAL TO BE CONTACTED: NAME : DESIGNATION : ADDRESS : TEL NO: FAX NO: E-MAIL NO: MOBILE NO:	
3	TOTAL ORGANISATIONAL STRENGTH (ATTACH ORGANISATION CHART)	



E) PRODUCT(S) FOR WHICH REGISTRATION IS APPLIED FOR

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F) LIST OF MANUFACTURING FACILITIES (A SEPARATE SHEET TO ATTACH)

SL NO	DESCRIPTION & SPECIFICATION OF MACHINE & ITS MAKE	ACCURACY & FINISH ATTAINABLE	NO OF MACHINES INSTALLED	REMARKS
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G) LIST OF TESTING EQUIPMENT AND INSPECTION FACILITIES

(A SEPARATE SHEET TO ATTACH)

SL NO	EQUIPMENT DESCRIPTION	SIZE , RANGE , CAPACITY , ACCURACY	MODEL/MAKE	LAST DATE OF CALIBRATION	QTY
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H) OTHER PARTICULARS

1	IF THE COMPANY IS ALREADY IN BUSSINESS WITH OTHER COMPANY FOR THE SAME ITEM FOR WHICH REGISTRATION IS SOUGHT?	YES / NO
2	IS COMPANY ISO-9000 / ISO-14000 ACCREDITED	YES / NO (ENCLOSE COPY OF CERTIFICATES)
3	COMPANY'S WEEKLY HOLIDAYS WORKS; OFFICE:	

(SIGN & SEAL OF CEO OF SUPPLIER)

I) QUALITY SYSTEM PARTICULARS:

1) FOR THE MANUFACTURING SUPPLIERS	
1	SYSTEM FOR SUPPLIER EVALUATION & RATING , PROCESS CONTROL , CONTROL OF NON CONFORMITIES & MEASURING AND TEST INSTRUMENTS AND CONFORMANCE TO SAFETY REQUIREMENTS EXISTS
	YES / NO (IF YES , ENCLOSE A BRIEF OF THE SYSTEMS)



NOTE: COPIES FURNISHED MUST BE CLEAR AND LIGIBLE TO AVOID NON – CONSIDERATION OF VENDOR /SUPPLIER REQUEST

DECLARATON

1. I / WE GIVE THE UNDERTAKING THAT VERGA DRAWINGS & SPECIFICATIONS SHALL NOT BE USED BY US IN ANY WAY DETRIMENTAL TO THE INTEREST OF VERGA AND / OR FOR SUPPLY OF ANY MATERIAL, PRODUCT OR SERVICES DIRECTLY OR INDIRECTLY TO ANY OTHER CUSTOMER.
2. I/WE AGREE TO ACCEPT VERGA PAYMENT TERMS, AND OTHER TERMS & CONDITIONS AS APLICABLE DURING VALIDITY OF REGISTRATION PERIOD.

WE HEREBY DECLARE THAT ALL THE INFORMATION REQUIRED TO BE FURNISHED FOR VENDOR / SUPPLIER REGISTRATION.

SIGNATURE AND SEAL OF THE CEO OF THE COMPANY

