

# APPLICATION FORM FOR REGISTRATION OF FIRM

2017-18

To  
The Principal,  
Kendriya Vidyalaya Kailashahar,  
Kamrangabari, P.O. Gournagar,  
Unakoti, Tripura-799282.

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

## **PART – I GENERAL INFORMATION**

Sl.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 Email & Telephone/Mobile Number	
4	Address of Head Office & Telephone No. (in separate)	
5	Status Proprietary/Partnership/Private limited Company/Public Limited Company	
6	Names of the Partners/Directors	
7	Name of Chief Executive with his present address and Telephone number.	
8	Name of Representative(s) with Designation & Mobile No. who would be calling on us & Attending to our jobs.	
9	Bank Account No. of firm/Name of Bankers with address & telephone number.	
10	Is the Firm registered Under the Factories Act? If so, state <b>PROFILE:</b> (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 shop & 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. 2016-17
		F.Y. 2015-16
		F.Y. 2014-15
14	Are you agreeable to make deliveries to Kendriya Vidyalaya Kailashahar when so requested for	
15	Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and contract?	
16	If your firm is registered with any KV/KVS, RO/KVS, HQ or any other state/Central Govt. offices. Please give names and address.	
17	Name, Address and Telephone Nos. of some of your most valued clients (separate list may be attached)	
18	Mention any other specialties of your Establishment.	

Note: Please fill the 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 behalf.

I/We ..... request Kendriya Vidyalaya Kailashahar, Unakoti, Tripura, 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 be less than the turnover mentioned against the different categories in any of 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.

Place.....  
Date.....

Signature with seal.  
Name.....  
Designation.....