

Application Form for Registration of Firm

Session 2023-24

Name of Category:		
Separate application is to be filled-up for each category		
Conditions for Registration: 1. The firm /supplier should be in profession for at least one year (copy of proof must be enclosed) 2. The firm/supplier should have registration with state & local authorities for undertaking the profession (Copies of proof to be enclosed)		
<u>Application For Firm /Supplier/Service Provider</u>		
S. No.	Information Sought	Information to be provided
1	Name of the firm (in block letters)	
2	Date of establishment/incorporation	
3	Correspondence address and telephone number	
4	Address of head office (if separate and telephone number)	
5	Status proprietary/partnership/private limited company/public limited company	
6	Name of partners/directors	
7	Name of chief executive officer with his present address and telephone number	
8	Name of representative(s) with designation who would be calling on us and attending to our jobs	
9	Name of bankers with address and telephone number	
10	Is the firm registered under the factories act? if so, state a) License no. b) Date of last renewal of license (copy of the license to be enclosed) c) PAN No	

11	Whether holding certificate under shops & establishment act duly renewed copy should be enclosed	
12	State the latest Income tax assessed year and the amount of tax assessed (copy of last 3 years IT return Balance Sheet & Revenue Account to be enclosed)	
13	Turnover for last three financial years	
14	Are you agreeable to make deliveries to Kendriya Vidyalaya Malanjkhanda Campus District Balaghat M.P. within and out of when so directed?	
15	Are you agreeable to abide strictly by the terms and conditions of the tenders and contracts?	
16	If your firm is registered with any KV/KVS RO/KVS HQ or any other state / central govt. offices. Please give name and address/	
17	Name, address and telephone no. of some of your valued clients (separate list may be attached)	
18	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 Malanjkhanda Campus District Balaghat M.P. PIN 481116 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.

Dated at _____ this _____ day of _____ 20.....

Signature with Seal

Name: _____

Designation: _____

Note:

1. The Vidyalaya reserves the rights to cancel the name of the supplier/firm/service provider from its approved lists at his absolute discretion without assigning any reason.
2. The last date to receive the registration form 15/03/2023 till 1:00 pm by speed post/ registered post.
3. The application received after due date and time will not be entertained.