

## **Vendor Registration/Enlistment Forms**

PLEASE DOWNLOAD THE APPLICATION FORM I & FORM II.

**ALL VENDORS MUST FILL IN BOTH FORM I & FORM II AND SUBMIT THE SAME WITH A, D.D. OF Rs.500/- AS A REGISTRATION FEE IN FAVOUR OF NEPA LIMITED NEPANAGAR PAYABLE AT SBI NEPANAGAR.**

Inviting Applications for Registration of Vendors for the below mentioned products and / or to carry out Jobs / Works / Services

List of Products

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List of Jobs / Works / Services

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Details are called from interested parties for being short-listed & considered for enlistment as vendors.

Applicants shall be short-listed for further consideration, after evaluation by the designated team from the Company, whose decision would be final.

**FORM-I**

<b>A. General Information :</b>	
Name*	<input type="text"/>
Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/>
Pincode*	<input type="text"/>
Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Fax	<input type="text"/> - <input type="text"/> - <input type="text"/>
E-Mail*	<input type="text"/>
PAN No.*	<input type="text"/>
Central Sales Tax No.	<input type="text"/>
State Sales Tax No.	<input type="text"/>
PF Registration No.	<input type="text"/>
ESIC Registration No.	<input type="text"/>
Can you provide Income tax Clearance Certificate if asked for?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form below need to be filled by the Existing Vendors only)

<b>B. Other Details :</b>	
1. Whether the applicant is already registered in this organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Whether the applicant has any sister concern registered in this organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the sister concern :	<input type="text"/>
3. Whether the applicant is a partner / major shareholder of any firm registered in this organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the firm :	<input type="text"/>
4. Whether the applicant has executed any works in the past for Nepa Ltd?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location :	<input type="text"/>
Category :	<input type="text"/>
Agreement No. :	<input type="text"/>
Date :	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
Value :	<input type="text"/> (Rs. in lakhs)
5. Whether the applicant has been blacklisted or removed or de-registered from the approved list or demoted to a lower class by any organisation in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of organisation :	<input type="text"/>
Date of Blacklisting :	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
6. Whether the applicant has gone for Arbitration/Litigation for any of the past works with any organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Organisation :	<input type="text"/>
Work :	<input type="text"/>
Nature or Arbitration :	<input type="text"/>
7. Whether the applicant has any dismissed employee of Nepa	<input type="checkbox"/> Yes <input type="checkbox"/> No

Limited in his employment?	
Names of dismissed employees :	<input type="text"/>

I certify that the above information are correct.

Signature of the authorized person

Name :

Place :

Date :

**FORM-II**

Nepa Limited, Nepa Nagar

Vendor Data Form For Registration

1 Registered Name of the Firm

2 Legal Status of the firm - Proprietor / Partnership / Public / Private.

3 Year of Establishment Registration date Registration No

- 1) Under Companies Act
- 2) Small Scale Industries Act
- 3) D.G.T.D.

4 HO / Registered Office

- Contact Person Address
- Phone No. (office)
- Phone No. (Residence)
- Mobile No. - Fax No. - E Mail

5 Address of the Factory Please give location wise-details, if more than one.

Location 1 Location 2 Location. Contact Person Phone Number Fax Number E Mail

6 Year of Commencement of Production

7 Capital Investment

8 Details of Past Performance : Annual Turnover (Rs. Lakhs)

Year 2007-2008

Year 2006-2007

Year 2005-2004

9 Financial Position

Name of Bankers

BG Limit

Proposed Funds & source

10 Income tax Details [Attach sheet if required]

PAN No.

- Last Assessment Order

- year

11 Sales Tax Registration Details

1. S T No.                      2. CST No.                      3. VAT No.

12 Details of the products / services / facilities available at your firm / Company.

(Please attach separate list if necessary)

- Have you received any quality system certification and Awards etc.?  
Quality Policy / System, if any (ISO or similar)

Yes / No (If yes, please attach the certificate copy)

13 No. of Persons Employed                      Factory                      Office

14 Associate Companies/ Units [Attach sheet if required]

Name                      Address                      Contact Person                      Telephone No. Fax No. E Mail

15 Sources of Raw Material/ Products / Services / Works (Name & Location)

16 Annual Production Capacity

Please give item-wise break up in separate sheet.

17 Mention total area of storage shed for Raw materials and finished products:

Raw material: Finished goods

18 Are you supplying your products and / or services to any other PSUs and Govt. Departments etc.?

Yes/No

(If Yes, Please mention the following)

1) Details of Current Contract:

2) Total Quantity:

3) Value of latest contract:

4) Period of Contract

5) Vendor ratings for past 3 years (enclose copies)

19 Please specify the Licences applicable / obtained for your unit (copies to be enclosed)

20 Please provide references of at least three customers served that you are quoting for.

(a) Customer Reference - Name - Address - Contact Person -  
Telephone No. - Fax No. - E Mail

- Approximate billing range - Year from which the customer is being serviced

(b) Customer Reference - Name - Address - Contact Person -  
Telephone No. - Fax No. - E Mail

- Approximate billing range - Year from which the customer is  
being serviced

(c) Customer Reference - Name - Address - Contact Person -  
Telephone No. - Fax No. - E Mail

- Approximate billing range - Year from which the customer is  
being serviced

I certify that the above information are correct.

Signature & seal of the authorized person

Name :                      Place :                      Date :

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For Nepa Limited use only.

The Vendor / unit is having valid licenses and approvals required as per law and shall conform to applicable rules & regulations. The vendor shall be ready to submit copies of PAN certificates, copies of balance sheet and other documents as the corporation may require for assessment.

Recommended / Not Recommended for empanelment.

Note: Corporation reserves the right to reject applications which are incomplete or not meeting the specified criteria.