



Reference No. AIPL/PU/2024/001

## Vendor Registration Form

Registration Category	Tick the relevant option
Building Material Supplier	<input type="checkbox"/>
Contractor	<input type="checkbox"/>
Manpower Supplier	<input type="checkbox"/>
Original Equipment Manufacturer	<input type="checkbox"/>
Distributor/ Dealer/ Stockist	<input type="checkbox"/>
Digital Service Provider	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
Other ( <i>please specify</i> )	

Company/ Business Name				
Name of the owner				
Mobile No.				
Email Id:				
Contact Person (Name)				
Designation				
Mobile No.				
Email Id:				
Company website:				
Registration No.				
Date of Registration:				
GST No:				
TIN No.				
Registered Address:	Office No.		Street:	
	District:		City	
	Pin code		Telephone	
Email Id:				
Correspondence Address:	Office No.		Street:	
	District:		City	
	Pin code		Telephone	
Email Id:				
Branch Office Address	Office No.		Street:	
	District:		City	
	Pin code		Telephone	
Email Id:				

## Applicant Profile

Types of Ownership	Tick the relevant option
Individual	<input type="checkbox"/>
LLP	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Private Limited	<input type="checkbox"/>
Public Limited	<input type="checkbox"/>
PSU	<input type="checkbox"/>
Research Institute	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Joint Venture/ Other tie - up	<input type="checkbox"/>



Category of Industry as per MSMED Act, 2006	Tick the relevant option
Micro	<input type="checkbox"/>
Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
SC/ST owned MSE	<input type="checkbox"/>
Women Owned MSE	<input type="checkbox"/>

*If you are Micro/ Small Enterprise, please enclose Udyog Aadhar (Memorandum and Acknowledgement) & EMI – II Certificate (if applicable) full set of self-certified photocopy, DIC/ NSIC/ KVIB/CB/ DHH if applicable*

Is your firm a start – up? Then please provide recognition certificate by Dept. of Industrial Policy and Promotion

Yes

No

Do you have ISO 9000/9001/9002 certification?

Yes

No

*Enclose all the certificates.*

Is your company registered?

Yes

No

*Furnish below the details and enclose supporting documents for applicable category*

As a proprietary firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details of all the firms with the same proprietor	
Under India Partnership Act 1932?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details of all the firms with the same partner	

Under India Companies Act 1956?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details	

Nature of Business carried out (attach the brochure, leaflets)	Tick the relevant option
Manufacturer	<input type="checkbox"/>
Sub - Contractor	<input type="checkbox"/>
Service Provider	<input type="checkbox"/>
Dealer	<input type="checkbox"/>



Trader	<input type="checkbox"/>
Outsourcing	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
Other (please specify)	

Items in the business for which the registration is sought: \_\_\_\_\_

<b>If Agent, please give the details</b>	<b>Details</b>
Territories	
Principal held details of the agent agreements	
Details of modalities of stock held	
Maximum value of supply at any time	
Facilities for after sales service	

Value of movable/ immovable property with details (should be self-certified):

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Details of Sales Turnover and tax paid in last 3 years

1 <sup>st</sup> Year		
2 <sup>nd</sup> Year		
3 <sup>rd</sup> Year		

**Furnish the “Balance Sheet” of last 3 years.**

As an approved contractor of PSU/ Govt.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details and enclose the registration documents	

As an approved contractor of PSU/ Govt.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details and enclose the registration documents	

Have you even been blacklisted by any of the above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the details and enclose self-certified documents	

Have you done business/ or doing business with Aquaplast?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Give the details (PO Number, work description)	
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Are you willing to furnish security deposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you willing to abide by the General Terms & Conditions of contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Description of the services offered**

Services	Client Name	Link/List of the work done

**List of top 10 clients**

Name of the Client	Service/ Material Description	Value in Rs.	Contact Person	Contact Number

Enclose the work orders. (You may hide the commercials)



**Other details required**

Floor area of work place	
Number of workers employed	
Number of employees in QC/ Inspection	
Sources of materials	
Collaborators	
Any other details of plant/ machinery/ services	
Details of Plant & Machinery/ Software	
Inspection equipment	
Test facilities	
Any other facilities being sought from others	

**Bank Information Required**

Name of the Company	
Name of the Bank	
Name of Bank Branch & Address	
City/ Place	
Account Number	
Account Type	
IFSC code of the Bank Branch	
MICE Code of the bank Branch	
Details of other Bankers (for reference purpose only)	

I hereby affirm that all the information provided above is accurate to the best of my knowledge and belief, and I understand that this information will be considered for the evaluation of the quotations, bids and proposals. The prospect client can verify our work from the existing clients.

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Signature of the Authorized person