

TO BE FILLED BY AUTHORIZED PERSON / OWNER OF ORGANIZATION

1.	NAME OF THE ORGANIZATION/ COMPANY / SUPPLIER / VENDOR												
2.	ADDRESS FOR COMMUNICATION	Shop No.											
		Street Name											
		Village (Post)											
		City											
		PINCODE											
3.	TELEPHONE NUMBERS	Landline (O)											
		Fax (O)											
		Mobile											
4.	BRAND/ARTICLE IN WHICH BUSINESS IS DOING. (Incomplete in any sense may be rejected)	S. No	Name of the Brand/Article/Item that you can supply	Name of the Manufacturer									
		1)											
		2)											
		3)											
		4)											
		5)											
5.	Registration Related Numbers	GST NUMBER											
		TIN / VAT NUMBER											
		PAN NUMBER											
6.	I DECLARE THAT, THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH THE HARD COPY OF THIS APPLICATION THAT IS MEANT FOR REGISTRATION OF FIRM FOR 2015 - 16												
-	Copy of registration of firm / company / shop	YES	NO										
-	Copy of TIN (VAT) number copy	YES	NO										
-	PAN NUMBER copy	YES	NO										
-	LIST OF ARTICLES that we can supply to the vidyalaya	YES	NO										
-	Proof of 3 years performance of the company/shop	YES	NO										

DECLARATION

I / WE DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE I/WE UNDERTAKE TO INFORM KV DULIAJAN AT THE EARLIEST ANY CHANGE IN THE DETAILS MENTIONED ABOVE.

I / WE HEREBY AGREE TO ABIDE BY THE CONDITIONS PRESCRIBED IN THE ENCLOSED STATEMENT.

THANKING YOU,

Yours faithfully,

SEAL OF COMPANY

Signature with Date,

Name and Designation of the Authorized Representative of the Firm