**APPLICATION FORM FOR REGISTRATION OF FIRM**

|  |  |  |
| --- | --- | --- |
| **S. No. of Category :** |  | **Name of the Category:-** |
| **(Please ref. Firm Reg.** |  | **(Please ref. Firm Reg.** |
| **Detailed Advertisement** |  | **Detailed Advertisement** |
|  |  |  |
|  | (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. **Annual Turnover of the firm should not be less than the turnover mentioned against the different categories in any of the three financial years (Attach proof).**
3. **The firm should be on the approved panel of at least 3 reputed Firms.**
4. **The Firm/Supplier should have registration with state & Local Authorities for undertaking the profession ( Copies of proof to be enclosed.**

**APPLICATION FOR FIRM/SUPPLIER/ SERVICE PROVIDER**

|  |  |  |
| --- | --- | --- |
| SN | **Information sought** | **Information to be Provided** |
| 01 | Name of the Firm ( in Block Letters) |  |
| 02 | Date of Establishment/Incorporation |  |
| 03 | Correspondence address and Telephone No. |  |
| 04 | Address of Head Office (if separate & Tel.No.) |  |
| 05 | Status Proprietary/Partnership/Private Limited Company/Public Limited Company |  |
| 06 | Name of the Partners / Directors |  |
| 07 | Name of Chief Executive with his present address and Telephone Nos. |  |
| 08 | Name of Representative(s) with Designation who would be calling on us and attending to our jobs. |  |
| 09 | Name of Bankers with address & telephone nos. |  |
| 10 | Is the Firm registered Under the Factories Act “?If so, state : * 1. GST No.
	2. License No.
	3. Date of Last renewal of License ( Copy of the license to be enclosed)
	4. PAN No.
	5. ESI Regn.No., if any
	6. EPF Regn.No., if any
 |  |
| 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 (Copies of last 3 years. IT Returns Balance Sheets & Revenue, A/c to be Enclosed). |  |
| 13 | Turnover for last three financial years | F.Y 2017-18F.Y 2018-19F.Y 2019-20 |
| 14 | Are you agreeable to make deliveries to Kendriya Vidyalaya within and out of Nasik Road/ Ojhar 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, Addresses 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 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.

**UNDERTAKING**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proprietor of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that the above furnished information is correct to the best of my knowledge and belief. In case of any information supporting document furnished by me found to be incorrect/false, the offer of my contract will be cancelled automatically and action may be taken as KVS rule. I assure you to provide the best service to the vidyalaya.

Signature with Seal of firm

Date ………………

Place……………………….

Name :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_