Date of opening of registration: 15.12.2022

 Processing Fee (Rs.): 500/-

**Application Format for Vendor/Supplier** **Registration**

1. **Name of the Company/Firm** -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | **Phone (STD code – Phone no.)** | **Fax No.** | **Mob. No.** | **E-Mail** | **Website** |
| **Registered Office****……………………….****……………………….****……………………….****City :** |  |  |  |  |  |
| **Corporate Office****……………………….****……………………….****……………………….****City :** |  |  |  |  |  |
| **Correspondence address****……………………….****……………………….****……………………….****City :** |  |  |  |  |  |

1. **Name of Chief Executive/**

Proprietor/Partners -

Telephone No./Mob. No. -

Fax No. -

Email -

1. **Name of Contact person** -

Telephone No./Mob. No. -

Fax No. -

Email -

1. **Type of Organization** -

Document (as applicable) to be enclosed

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Proprietary
 |  | Trade License |  |
| 1. Partnership
 |  | Partnership Deed, Trade License |  |
| 1. Private Limited Company
 |  | Memorandum of Article |  |
| 1. Public Limited Company
 |  | Certificate of Registration |  |
| 1. Public Sector
 |  | Trade License |  |
| 1. Other any
 |  |  |  |

1. **Nature of Business**

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturing |  | Dealership |  |
| Stokiest  |  | Other |  |

1. **Category for which registration is desired. (Annex. – II)**

|  |  |  |  |
| --- | --- | --- | --- |
| Category A (Veterinary Medicines/feed supplement) |   |  Category B (Others) |  |

1. **Audited Annual Turnover for the last 3 years (Rs. In Lakhs)**

(Enclose Chartered Accontants certificate)

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Financial Year | Turn Over in Rs. (Lakh) | Profit/Loss in Rs. (Lakh) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Commerical information for registration (Enclose Attested Copy Wherever Applicable)**
2. GST/CST/VAT Regn.No. -
3. PAN -
4. Trade/Factory License No./Manufacturing License No. -
5. Drug License No.-
6. Current dealership agreement with principal along with Certificate/Authority letter.
7. Relevant ISO/GMP Certificate, if any.
8. **Names of Autonomous institutions/Government department/Major Public sector undertakings/Research and Development institutions/Dairy Co-operative Organizations where your firm is registered/supplying veterinary feed supplement since last five years.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Name of the Instution | Empanelled for | Period | Contact Name | Contact Number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. Details of Registration Fee (Rs. 500/-)

D.D. No: ……………………………… Date …………………………….

Bank: ………………………………………………………………………

|  |
| --- |
| ……………………………..(Signature of Proprietor/Partner/Chief Executive)Name ……………………….(In capital letter)(Seal of Firm/Supplier) |