**PM SHRI KENDRIYA VIDYALAYA IIT INDORE**

**REGISTRATION FORM FOR VENDORS**

Session : 2024-25

1. Name of the Firm / Agency / Owner :………………………………............................

 :………………………………............................

2. Full Address of Firm /Agency/Owner :………………………………............................

 :………………………………............................

 :………………………………............................

 :………………………………............................

3. Telephone No./Mobile No. of Firm / :………………………………............................

Agency/Owner

4. Type of work/Name of items to be supply :………………………………............................

5. Registration No. as per Govt. of India :………………………………............................

 Registration Act

6. GSTIN No. of Firm :………………………………............................

7. PAN No. of Firm :………………………………............................

8. Annual Turnover of Firm :………………………………............................

9. Manufacturer or Supplier :………………………………............................

10. Authorized dealer of (Name of company) :………………………………............................

 :………………………………............................

11. If original manufacturer, so address of :………………………………............................

 Factory/Workshop

12. Time of Delivery :………………………………............................

I ………………………………… undertake that if I will be given the chance, I will abide to follow the rules & regulation of Kendriya Vidyalaya Sangathan as well as Kendriya Vidyalaya IIT Indore(MP).

I have attached all the relevant documents including S.No. 5 to 7

Signature & seal of the Firm/Agency/Owner

Date : ………………………

Place:……………………….