

INDIAN OIL ADANI GAS PVT. LIMITED

VENDOR REGISTRATION FORM

		VENDOR REGISTRATION FORM			
Ref. No.		Supplier's Registration Form	Format No.		
Date			Rev. No. : 00	Date :	
			Pages :	5	
- 1	Name of firm				
-2	Product				
-3	Specification				
-4	Registered Address City & Pin Code				
	Telephone No.				
	Mobile No. : (Mandatory)				
	Fax No. :				
	E-mail : (Mandatory)				
	Weekly off				
	Working Hours				
	Staggering Day				
-5	Persons to be contacted				
	Name	Designation	Qualification	Telephone (Res.)	
A					
B					
-6	Type of Company				
	<input type="checkbox"/> Proprietary		<input type="checkbox"/> Partnership		
	<input type="checkbox"/> Pvt. Ltd.		<input type="checkbox"/> Public Ltd.		
	<input type="checkbox"/> Other				
-7	Turn over of company				
-8	Quality Certification				
-10	Name of Sister Concern (If any)				
	Department	Technical	Skilled	Unskilled	Total
1					
2					
3					
4					
-11	Details of Machinery / Equipments (Attached extra sheet if required)				
	Department	Technical	Capacity	Make	Numbers
1					
2					
-12	Type of QC procedures followed (Attach separate sheet)				
-13	List of Valued customers (Attach List)				
-14	Name and Address of Bankers.				

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PURC/F / 002	SUPPLIER REGISTRATION FORM				
Applicable For Service Vendor					
Sr. No	Type of Service				Remarks
1					
2					
Experience with other companies					
Sr. No.	Company	Project	Strength	Duration month / year	Remarks / Type of work done and experience
Are you Registered with any government of semi government or any other organization ? (If yes Give details)					<input type="checkbox"/> ?
Are you registered under labour law?					<input type="checkbox"/>
Are you Registered under Sales tax / Service Tax act? (If Yes Give Details)					<input type="checkbox"/> ?
Give number of Skilled / Trained manpower available with you					<input type="checkbox"/> ?
Experience Staff					<input type="checkbox"/>
Skilled Labour					<input type="checkbox"/>
Details of tools / Equipments / Machinery available with you which can be mobilized for the work.					<input type="checkbox"/> ?
Turnover of your company in last three years					<input type="checkbox"/>
Year					
Year					
Year					
If you have Relationship with any Employee of IOAGPL please ' Tick ' & provide the below details					<input type="checkbox"/> ?
Name :- _____ Location :- _____					
Department :- _____ Contact No.:- _____					
Do you have the following facilities available?					<input type="checkbox"/>
a. Do you have testing facilities available with you?					<input type="checkbox"/> ?
b. Do you have any approved / Established Quality Assurance System Like ISO 9000, etc. (If yes Specify)					<input type="checkbox"/> ?
c. Does your product confirms to IS or any other Standard?					<input type="checkbox"/>



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PURC/F / 002

SUPPLIER REGISTRATION FORM

E–Payments for Vendor Payments & Vendor Code:
(All Detail is Mandatory)

Bank Details

- Title of Account in the Bank** : (Name in which the account is held with the Bank)
- Account Type** : (Please mention here whether account is savings or current or cash credit or any other)
- Bank Account Number** :

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(Should be not more than 15 digits. If your account number is more than 15 digits, please speak to your bank and they will allot you a 15 digit account number.)
- Name of Bank** :
- Bank Branch Name** :
- Bank City** :
- Bank contact persons' Name** : (Please mention here name of at least 2 persons)
- Bank Tele Number with STD Code** : STD Code _____ Tele No. _____
- Bank Branch MICR code** :

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(Please send a scanned copy of a cheque. This cheque should not be a payable at par cheque)
- Bank Branch IFSC code** :

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(You can obtain this from branch where you have your account)

Business Details

- E-mail Address** : (Compulsory as all future communication shall be done through emails)
- Permanent Account number** :
- GST No.**
- VAT (TIN) Number** :
- CST (TIN) Number** :
- SSI Registration Number (If SSI):**
- Service Tax Registration Number:**
- Excise Registration Number** :
- ECC Number** :
- Excise / Service Tax Range** :
- Excise / Service Tax Division** :
- Excise / Service Tax Commissionerate** :
- Name of Bank Signatory** :

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14. Contact Person & Number :

15. Labour Licence No :

16. PF No. :

PURC/F / 002

SUPPLIER REGISTRATION FORM

Certified that the above particulars are given to the best of my knowledge.

Name

Designation

Signature

Date

Company Seal

For Office Use only

Recommended as approved supplier

Disqualified

Reason for approval / rejection

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List of Documents Required along with the form

- ✓ Pan Card scan copy
- ✓ Cancelled copy of cheque - as mentioned above also
- ✓ Vendor's bank detail form signed & stamped by vendor with Cancelled cheque
- ✓ Vendor's bank detail form signed & stamped by vendor's Bank if without Cancelled cheque
- ✓ GST No. Registration Certificate
- ✓ VAT (TIN) Registration Certificate
- ✓ CST (TIN) Registration Certificate
- ✓ Service Tax Registration Certificate
- ✓ Excise Registration Certificates
- ✓ MSME Certificate - if applicable
- ✓ Tax Exemption Certificate – if applicable