

APPLICATION FORM FOR REGISTRATION OF FIRM FOR THE YEAR 2024-25

S. No. of Category		Name of the Category with :-	
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*(Separate Application is to be filled-up for each category) *Reg. Start Date: 09-01-2024 *Reg. End Date: 31-01-2024

CONDITIONS FOR REGISTRATION:

- 1) The Firm/Supplier should be in profession for at least one year (copy of proof must be enclosed).
- 2) 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

S.N.	Information sought	Information Provided
1.	Name of the Firms (in Block Letters)	
2.	Date of Establishment/Incorporation	
3.	Correspondence address and Telephone No.	
4.	Address of Head Office (if Separate and Telephone No.)	
5.	Status Proprietary/Partnership/Private Limited Company/ Public Limited Company	
6.	Names of the Partners/Directors	
7.	Name of Chief Executive with his present address and Telephone Nos.	
8.	Name of Representative(s) with Designation who would be calling on us and attending to our jobs.	
9.	Name of Bankers with address & telephone nos.	
10.	Is the Firm registered Under the Factories Act " ? If so, state (a) License No. (b) Date of Last renewal of License (Attach recent copy) (c) PAN No.	
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	
14.	Do you agree to make deliveries to PM SHRI Kendriya Vidyalaya NMR JNU campus New Delhi within and out of when so directed?	<u>Yes / No</u>
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.

I/WE request PM SHRI Kendriya Vidyalaya, NMR JNU New Delhi-110067 to consider inclusion or my/our name in the list of their approved firms/suppliers/service provider. We agree to give full satisfaction to the Vidyalaya in the event of their doing so.

Dated at this day of 2024.

Signature with Seal

Name:-

Designation:

Note:

The Vidyalaya reserves the right to cancel the name of the supplier/firm/service provider from its approved lists at his absolute discretion without assigning any reason.

► The last date to receive the registration form 31-01-2024 till 2:00 pm by speed post/ registered post/By Hand.

► The application received after due date and time will not be entertained.