

VENDOR REGISTRATION FORM

Vendor No: _____

Date: _____

Product / Service Category: _____

Company Name: _____

Address: _____

Pin Code: _____ Email id: _____

Contact details:

Contact person 1: _____

Designation: _____ Email id: _____

Mobile No _____ Landline: _____

Contact person1: _____

Designation: _____ Email id: _____

Mobile No _____ Landline: _____

Company details:

VAT No: _____ PAN No: _____

Service Tax No: _____ TIN No: _____

Brief about services provided

Authorized by: _____ Date: _____