

KENDRIYA VIDYALAYA NAL CAMPUS, JEEVANBHIMANAGAR, BENGALURU
FORM FOR REGISTRATION OF FIRMS/ AGENCIES

1. Name of the Firm : _____
 2. Name of the Owner : _____
 3. Full postal Address : _____

4. E-Mail : _____
 5. Website : _____
 6. Name of the Contact person : _____
 7. Contact Number : _____

8. GST/GEM/VAT/CST/TIN/TAN: (a) GST / VAT
 (copy to be enclosed) No. _____
 (b) GEM
 No. _____
 (c) CST / TIN
 No. _____
 (d) TAN
 No. _____

9. PAN No of the Owner : _____

10. Bank A/C No and IFSC Code
 With branch details : _____

(Copy to be enclosed)

11. Product / Item / Services / Category for which Registration is applied for:

S.No	Name of Items / Product/ Services/ Category	Whether original Manufacturer/ Authorized agent/ Distributor/ DGSND Registered firms/ Retailer	Remarks

(In case of supplier please enclose authorization of your manufacturer/ Authorized Dealer/ Supplier/
 Contractor Certificate)

12. Details of experience & place of work during the last 03 years

S.No	Institute where rendered services/ Supplied articles	Period	Name of Suppliers/ Service	Remarks

Note: Without TIN /PAN and GST/ GEM/VAT number, no firm will be registered. The Vidyalaya reserves the right to cancel the name of the supplier / Firm / Service provider from its approved list as it absolute discretion without assigning any reason.

UNDERTAKING

I Mr, MRS. _____ Propretor of
M/S _____ do hereby undertake
that the above furnished information is correct to the best of my knowledge and belief. In case of any
information / supporting document furnished by me found incorrect / false, the offer of my contract will
be cancelled automatically and action may be taken as per KVS rules. I assure you to provide the best
services to the Vidyalaya.

Place : _____

signature: _____

Date: _____

Name of the Firm: _____

Seal of the Firm