|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **VENDOR CODE ALLOTED** | | | | |  | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **INDIAN INSTITUTE OF SCIENCE** | | | | | | |  |  |  |  |
|  |  | |  | | --- | |  | | **BANGALORE - 560012** | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Form for Registration of Vendors** | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.** | **Name of the Company:** | | |  |  |  |  |  |  |  |  |  |  |
|  | (in capital letters) | |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Address:** | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Telephone No. : | |  |  |  |  |  |  |  |  |  |  |
|  |  | Fax No. : | |  |  |  |  |  |  |  |  |  |  |
|  |  | Web site (if any): | |  |  |  |  |  |  |  |  |  |  |
|  |  | E - Mail : | |  |  |  |  |  |  |  |  |  |  |
|  |  | Bank A/c No : | |  |  |  |  |  |  |  |  |  |  |
|  |  | Bank Name & Address: | | |  |  |  |  |  |  |  |  |  |
|  |  | IFSC CODE : | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Type of Organization** | | |  |  |  |  |  | **Documents to be enclosed** | | |  |  |
|  | a) | Proprietary |  |  |  |  |  |  | Trade License | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | b) | Private Limited Company | | | |  |  |  | Memorandum of Article | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | c) | Others (Please specify) | | |  |  |  |  | Relevant Documents | |  |  |  |
|  |  | ………………………………………… | | | |  |  |  |  |  |  |  |  |
| **4.** | **Nature of Business** | |  |  |  |  |  |  |  |  |  |  |  |
| a) | Supply | |  |  |  |  |  | b) | Service |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| c) | Contract (Civil/Electrical & Electronics/Manpower) | | | |  |  |  | d) | Others (Please specify) | |  |  |  |
|  |  |  |  |  | ……………………………………… | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** | **Commercial Information Registration details (Enclose Attested Copy wherever Applicable)** | | | | | | | | | | | | |
|  | a) | PAN NO. |  | : |  |  |  |  |  |  |  |  |  |
|  |  | (PAN Card Copy to be enclosed) | | | |  |  |  |  |  |  |  |  |
|  |  | Name: |  |  |  |  |  |  |  |  |  |  |  |
|  | b) | CST Regn. No. |  | : |  |  |  |  |  |  |  |  |  |
|  | c) | State ST Regn. No. | | : |  |  |  |  |  |  |  |  |  |
|  | d) | TIN No. |  | : |  |  |  |  |  |  |  |  |  |
|  | e) | Excise Center No. | | : |  |  |  |  |  |  |  |  |  |
|  | f) | Trade License No. | | : |  |  |  |  |  |  |  |  |  |
|  | g) | Service Tax Regn.No. | | : |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **Area of Spcialisation** | | |  |  |  |  |  |  |  |  |  |  |
|  | a) | Scientific equipment & instruments | | | |  |  | b) | Electrical & Electronics items | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | c) | Glass Ware |  |  |  |  |  | d) | Hardware | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | e) | Computer (Hardware & Software) | | | |  |  | f) | Office Automation (Furniture etc.) | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | g) | Fabrication Works | |  |  |  |  | h) | Stationery, Printing etc. | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | i) | Chemical items | |  |  |  |  | j) | Medical items | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** | **Any Other Information:** | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DECLARATION BY THE VENDOR | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1). I confirm that no Employee or direct relation of any employee of IISc is in any way connected | | | | | | | | | | | | |
|  | as Partner/ Shareholder/Director/Advisor/Consultant/Employee etc. with the Company. | | | | | | | | | | | | |
|  | 2) The informations furnished are correct to the best of my knowledge and belief | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Signature of authorised person | | | | |  |  |  |
|  | Place: |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date |  |  |  |  |  | Name: | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | (In Capital Letter) | | | |  |
|  |  |  |  |  |  |  |  |  | (Seal of Vendor) | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |