|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **VENDOR CODE ALLOTED** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **INDIAN INSTITUTE OF SCIENCE** |  |  |  |  |
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 | **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:** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |