



KITEC INDUSTRIES (INDIA) PRIVATE LIMITED

8, Madhuban Industrial Area, Madhuban Dam Road, Village Rakholi, Silvassa - 396230.
 Tp.: 0260 – 6458461 - Fax: 0260 2644153 - E-mail: works@kitecindia.in

VENDOR REGISTRATION AND EVALUATION FORM

1	Name of Vendor							
2	Status of the vendor-		Propertitory	Partnership firm	HUF	Limited Company	Limited liability partnership	Any other- Please specify
	(tick <input checked="" type="checkbox"/> appropriate box)							
3	Address	Office						
		Factory						
4	Contact Person(s)							
	Mobile:		Email:					
	Telephone:		Fax:					
5	Classification of business undertaking under							
	MICRO, SMALL & MEDIUM Enterprises Development ACT 2006 ((tick <input checked="" type="checkbox"/> appropriate box)							
	Micro enterprise		Small enterprise		Medium enterprise			
	Date of filing of Memorandum of Micro, Small or Medium Enterprise with the authority specified under the act							
	Registration No allotted by the authority - please attach xerox copy)							
6	PAN NO (Please attach Xerox Copy)							
7	TIN Number				Effective from			
8	Registration under Central Sales Tax Act				Effective from			
9	Service Tax Registration No							
10	Shop & Establishment Registration No							
11	Nature of Business:							
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Stockiest <input type="checkbox"/> Agents <input type="checkbox"/> Trading								
<input type="checkbox"/> Indenter <input type="checkbox"/> Any Other (Please Specify)								
<input type="checkbox"/> If Authorized Distributor / Stockiest – Please state name of your Principle and Details of Products. (Photocopy of certificate (s) must be attached)								
12	Registration with Excise Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please provide Excise Registration Number							

13	Name/s of the Directors / Partners / Proprietor / Chief Executive:				
14	Name & Address of your Bankers:				
15	Account No. if payment is to be transferred directly to your account				
16	If e-payment is to be made then name & branch of your bank				
	RTGS Code				
	MICR No.				
17	Address where the cheque is to be sent if the payment is required by cheque				
18	Weekly Off				
19	Items manufactured / Supplied by you:				
20	Name & Address of your Associates Companies & Other Manufacturing Units:				
	Associate Company		Address	Products	Major Customers
21	Production capacity/ies for the item indicated in 18 above (Not applicable for Traders) (Use additional sheet if required):				
	Sr. No.	Product Description		Annual Capacity	
22	Details of Machinery & Other Equipments (Use additional sheet if required)				
	Sr. No.	Description	Production Capacity	Year of manufacture	

23	Details of Quality Assurance Infrastructure (Use additional sheet if required) – Please enclose Quality Assurance Plan					
	a) In-house Testing / Inspection Equipments					
	Description	Capacity	Make & Year of manufacture	Calibration		
				Frequency	Agency	Last done
	b) Third Party Testing / Inspection					
	Inspecting Agency		Test / Inspection Details		Whether Certified	
c) Qualified Personnel in QA Department						
Name		Age	Qualification		Responsibility	
24	Are you ISO Certified Company? If yes, please give details of certification					
25	Annual turn over of last 3 years					
Products			Year	Turnover (Rs. / Lacs)		
26	Top Five Customers & their share in total business:					
Name of the Customer			Turnover	Share (%)		

27	Reputed Companies & Government Departments with whom registered as approved supplier:			
	Sr. No.	Name	Address	Since (Year)
28	Subsidies available and until when?			
	Type of Subsidy		Status	Period
	Sales Tax			
	Excise			
	Octroi			
Any Other				
29	Any additional information you would like to furnish:			

*Please attach separate sheet where required.

Declaration by Director/Partner/Proprietor/authorized representative:
 I declare that the information furnished above is correct to the best of my knowledge.
 I undertake to inform you at the earliest any change in details mentioned above.

Date:
 Place:

Company's Seal

Signature with Name & Designation