Format: UEI/12-13/VRF/01





Name of the	Organisatio	n:								
Type of Ownership (Tick the relevant box):										
Individual		Partnership Limited Company (Private/ Public)								
Govt. Undert	aking			Trust						
Others, Pleas	se Specify:									
Address:							_			
Street 1:							_			
Street 2:				6			_			
City:				State:			_			
Pin Code:	Cl - \		l N 1				٦			
Telephone: (	code)		Number:				_			
Fax: (Code) Email:			Number:				4			
Website:							_			
website.										
Contact Perso	onel (Minim	um 2 Required	l):							
Name:	(		,	Mobile:	+91-					
Email:				1						
Name:				Mobile:	+91-		7			
Email:				1	-					
Name:				Mobile:	+91-					
Email:				1			_			
Type of Supp  Details of iter		Original Equip Stockist/ Distr Sub- Contracto Govt. Agencie Others, Please provided:	ibutor or s	acturer (OEN	M)					
							_			
							_			
							_			
Turn Over (La	ast 3 Financi	al Years)·					_			
•	Year	Turn- Over								
1 [				Year of Esta	ablishment:					
2										
3										
<b>Quality Assu</b>	rance Certif	icate:	•							
If Yes, Please attach valid cetificates.										
			Yes	No						
ISO 9001: 200	08									
ISO 14001										
OHSAS 18002	1						_			
Others, Please Specify:										

Legal Entity Documents:				
	Yes	No		
Memorandum of Understanding				
Partnership Deed				
ESI/PF				
Sales Tax Registration (TIN No.)		•		
Excise Registration No:				
PAN				
TAN				
VAT				
CST				
Service Tax				
Bank Details:				
Name of the Company:				
Name of the Bank:				
Name of the Branch & Place:				
Account Number:				4
Account Type:				
IFSC Code of the Bank Branch:				
MICR Code of the Bank Branch:				
	Yes	No		
Company Brochure/ Catalogue:				
Major Customers:		_		
Reference (if any):				
Name:				
Address:				
Address.				
Contact:				
Contact.				
Da da nation.				
Declaration:				
I hereby certify that all the details &	information me	entioned above	e is true.	
Date :	Seal & Sign			
Place:				
List of Enclosures:				
1				
2				
3				
3 4				
4 5				
J				