

DEPARTMENT OF EMPLOYMENT AND TRAINING

Application for Vendor Registration 2024 - 2026

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|----|---|---|
| 1. | Name of the Firm | |
| 2. | Address for communication and *Contact No. | |
| 3. | Profile of the Firm (Please Choose from the relevant Category) | 1. Manufacturer <input type="checkbox"/> 2. Stocklist <input type="checkbox"/> 3. Dealers <input type="checkbox"/> 4. Suppliers <input type="checkbox"/> |
| 4. | Company Registration No. *Furnish Copy of proof | |
| 5. | GST Registration No. *Furnish Copy of proof | |
| 6. | PAN Card No. *Furnish Copy of proof | |
| 7. | Financial Capacity (Annual Turnover for the Last year Furnish the copy of Audited Balance sheet and Profit & Loss A/C) | |
| 8. | Whether the firm is in the list of Existing suppliers in this Department? (If yes, furnish the details) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. | Whether The firm is enrolled in the list of approved suppliers in any other Government Department? (If yes, furnish the details) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | i) Department Name: | |

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|---------------------------------------|--|--|--------------|--------------------------|---------------|--------------------------|--------------|--------------------------|-----------------------------------|--------------------------|---------------|--------------------------|----------|--------------------------|-------------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|----------------------|--------------------------|--------------|--------------------------|-------------------------------------|--------------------------|----------------------------------|--------------------------|----------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| <p>10.</p> | <p>Category for which Registration is applied for</p> <p>Note: *Please choose the relevant Category by Shading the Box. (Don't Use Tick marks)</p> <p><input type="checkbox"/> Correct method <input checked="" type="checkbox"/> Wrong Method</p> | <table border="1"> <tr><td>1.Electrical</td><td><input type="checkbox"/></td></tr> <tr><td>2.Electronics</td><td><input type="checkbox"/></td></tr> <tr><td>3.Automobile</td><td><input type="checkbox"/></td></tr> <tr><td>4.Computer Hardware & Accessories</td><td><input type="checkbox"/></td></tr> <tr><td>5.Photography</td><td><input type="checkbox"/></td></tr> <tr><td>6.Leaner</td><td><input type="checkbox"/></td></tr> <tr><td>7.Hardware – Mechanical Items</td><td><input type="checkbox"/></td></tr> <tr><td>8.Engineering Materials & Consumables</td><td><input type="checkbox"/></td></tr> <tr><td>9.A/C and Refrigeration Items</td><td><input type="checkbox"/></td></tr> <tr><td>10.Stationary Items</td><td><input type="checkbox"/></td></tr> <tr><td>11.Knitting Items</td><td><input type="checkbox"/></td></tr> <tr><td>12.Painting Items</td><td><input type="checkbox"/></td></tr> <tr><td>13.Tailoring Goods & Materials</td><td><input type="checkbox"/></td></tr> <tr><td>14.Construction Materials</td><td><input type="checkbox"/></td></tr> <tr><td>15.Plastic Materials</td><td><input type="checkbox"/></td></tr> <tr><td>16.Chemicals</td><td><input type="checkbox"/></td></tr> <tr><td>17.Catering Accessories & Materials</td><td><input type="checkbox"/></td></tr> <tr><td>18.Fire Fighting & Related Items</td><td><input type="checkbox"/></td></tr> <tr><td>19.Welding Materials</td><td><input type="checkbox"/></td></tr> <tr><td>20.Medical Electronics Related Items</td><td><input type="checkbox"/></td></tr> <tr><td>21.Spining Related Items</td><td><input type="checkbox"/></td></tr> <tr><td>22.Logistics Related Items</td><td><input type="checkbox"/></td></tr> </table> | 1.Electrical | <input type="checkbox"/> | 2.Electronics | <input type="checkbox"/> | 3.Automobile | <input type="checkbox"/> | 4.Computer Hardware & Accessories | <input type="checkbox"/> | 5.Photography | <input type="checkbox"/> | 6.Leaner | <input type="checkbox"/> | 7.Hardware – Mechanical Items | <input type="checkbox"/> | 8.Engineering Materials & Consumables | <input type="checkbox"/> | 9.A/C and Refrigeration Items | <input type="checkbox"/> | 10.Stationary Items | <input type="checkbox"/> | 11.Knitting Items | <input type="checkbox"/> | 12.Painting Items | <input type="checkbox"/> | 13.Tailoring Goods & Materials | <input type="checkbox"/> | 14.Construction Materials | <input type="checkbox"/> | 15.Plastic Materials | <input type="checkbox"/> | 16.Chemicals | <input type="checkbox"/> | 17.Catering Accessories & Materials | <input type="checkbox"/> | 18.Fire Fighting & Related Items | <input type="checkbox"/> | 19.Welding Materials | <input type="checkbox"/> | 20.Medical Electronics Related Items | <input type="checkbox"/> | 21.Spining Related Items | <input type="checkbox"/> | 22.Logistics Related Items | <input type="checkbox"/> |
| 1.Electrical | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.Electronics | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.Automobile | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.Computer Hardware & Accessories | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.Photography | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.Leaner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.Hardware – Mechanical Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.Engineering Materials & Consumables | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.A/C and Refrigeration Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.Stationary Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11.Knitting Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12.Painting Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13.Tailoring Goods & Materials | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14.Construction Materials | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15.Plastic Materials | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16.Chemicals | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17.Catering Accessories & Materials | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18.Fire Fighting & Related Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19.Welding Materials | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20.Medical Electronics Related Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21.Spining Related Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22.Logistics Related Items | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11.</p> | <p>Details of Registration fees to be remitted. (Fees is Rs.300/-for each Category) 0230 -00 - Labour and Employment - 800 – other receipt- AC Craftsman Training Scheme - 37 - sale proceeds 08-Dead stock and other waste Articles (DPC 0230- 00- 800- AC- 23708)</p> <p>In the State Bank, Treasury branch / Sub Treasury Office/ Dist. Treasury/ Bank depending on the area in Which company is situated.</p> | <p>*No. Of Categories for which registration is applied for (N): <input type="text"/></p> <p>*Total Amount Paid in Rs. (N x 300). <input type="text"/></p> <table border="1"> <tr><td>Challan No.</td><td><input type="text"/></td></tr> <tr><td>Dated.</td><td><input type="text"/></td></tr> </table> <p>Fields marked with an asterisk (*) are mandatory</p> | Challan No. | <input type="text"/> | Dated. | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Challan No. | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dated. | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature of the Owner / Partners of the Firm