

## Vendor Pre-Qualification Application Form

1.	Name of the Company :			
2.	Postal Address :			
	Office:			
	District :		Pincode:	State :
	Telephone:		Fax :	
	Email Id:			
	Website:			
	Works:			
	District :		Pincode:	State :
	Telephone:		Fax :	
Email Id:				
3.	Name of the Contact Person :			
	Designation :		Mobile:	
	Fax :		Email Id:	
4.	Name of Category for (please also specify the items also) for which you will like to get Registered			
	(A)	Contracts & Job Work	(B)	Mechanical Items
	(C)	Instrument Items	(D)	Electrical Items
	(E)	Raw Material	(F)	Auxiliary Chemicals
	(G)	Packing Materials	(H)	Others (please specify)

**Please provide details of items/services:**

5.	Registration details of the Firm (Please enclose copy of registration certificate)			
	Whether registered under	(a)	The Indian Companies Act	
		(b)	The Indian Partnership Act,1932	
		(c)	The Indian Factories Act, 1948	
		(d)	Any other Act / If Not Who are the Owners ?	
6.	Sales Tax / Excise Registration Details of the Applicant Firm			
	TIN:			
	CST Registration No. :			
	ECC No:		Range :	
	Commissionerate :		Division :	
7.	Nature of Company			
	(a)	Micro Enterprise	(b)	Medium enterprise
	(c)	Small Enterprise	(d)	Other
8.	Category of the Firm			
	(a)	Manufacturer	(b)	Authorized Dealer / Distributor
	(c)	Stockist		
9.	Do you have any International / International Quality / System Accreditations			
10.	Registration as Approved Vendor with Other Organization :			
	(a)	Are you on the list of approved suppliers / contractors of D.G.S &D. , Government Undertakings, Chemical Plants or other authority ? If so, give Registration Nos. & dates with full details.		
	(b)	Are you registered as regular vendor any/all with the following ? If so, please give details of		

	Category which you are registered with them with zerox copy of their letter.			
	(a)	EIL	(b)	UHDE
	(c)	TDC	(d)	PDIL
	(e)	Any other		
11.	e-Tendering : Depending on Nature of items / Value of enquiry, GACL may opt for e-Tendering. Please confirm availability of Infrastructure required for e-Tendering.			
	Ans : Yes / No.			
12.	Any other relevant information you feel appropriate.			
13.	Who are your Bankers ? (Enclose their certificates for your satisfactory performance)			
	Name & Address of Bank :			
	Nature of Credit enjoyed :		Credit Limit sanctioned & available	
	Cash Credit and LC Limit			
	Over Draft			
	Bank Guarantees			
	Other (Please specify)			
14.	What kind of transportation arrangement is available with you or can be arranged by you.			
15.	Have you any storing facility ? Give Details			

16.	List of important consumers served by your Firm, in your area :-	
	Name of the Customer	Order Value
	1)	
	2)	
	3)	
	4)	
	5)	
	6)	
	7)	
	8)	
	9)	
	10)	

Date :

Name :

Seal / Stamp :

Signature :