

केन्द्रीय विद्यालय बरहमपुर (प.बं.)

KENDRIYA VIDYALAYA BERHAMPORE (W.B)

TO BE FILLED BY AUTHORIZED PERSON / OWNER OF ORGANIZATION

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|----|--|--|--|--|--|--|--|--|--|--|--|
| 1. | NAME OF THE ORGANIZATION/ COMPANY / SUPPLIER / VENDOR | | | | | | | | | | |
| 2. | INDIVIDUAL / PARTNERSHIP FIRM | | | | | | | | | | |
| 3. | FIELD OF WORK / ITEMS | | | | | | | | | | |
| 4. | ADDRESS FOR COMMUNICATION | Shop No. | | | | | | | | | |
| | | Street Name | | | | | | | | | |
| | | Village (Post) | | | | | | | | | |
| | | City | | | | | | | | | |
| | | PINCODE | | | | | | | | | |
| 5. | TELEPHONE NUMBERS | Landline (O) | | | | | | | | | |
| | | Fax (O) | | | | | | | | | |
| | | Mobile | | | | | | | | | |
| 6. | Registration Related Numbers | GST NUMBER | | | | | | | | | |
| | | TIN / VAT NUMBER | | | | | | | | | |
| | | PAN NUMBER | | | | | | | | | |
| | | Valid FOOD LICENSE NO. (for Catering Service) | | | | | | | | | |
| | | Valid License no. for supplying Chemicals (For Chemical Suppliers only) | | | | | | | | | |
| 7. | EXPERIENCE TO WORK IN KVS : | | | | | | | | | | |

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I DECLARE THAT, THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH THE HARD COPY OF THIS APPLICATION THAT IS MEANT FOR REGISTRATION OF FIRM FOR 2021-22

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|---|--|-----|----|
| ✓ | Copy of registration of firm / company / shop | YES | NO |
| ✓ | Copy of TIN (VAT) number copy | YES | NO |
| ✓ | PAN NUMBER copy | YES | NO |
| ✓ | Valid FOOD LICENSE NO. (for Catering Service) | YES | NO |
| ✓ | Valid License no. for supplying Chemicals (For Chemical Suppliers only) | YES | NO |
| ✓ | LIST OF ARTICLES that we can supply to the vidyalaya | YES | NO |
| ✓ | Proof of 3 years performance of the company/shop | YES | NO |

DECLARATION

I / WE DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE I/WE UNDERTAKE TO INFORM KV BERHAMPORE (W.B.) AT THE EARLIEST ANY CHANGE IN THE DETAILS MENTIONED ABOVE.

I / WE HEREBY AGREE TO ABIDE BY THE CONDITIONS PRESCRIBED IN THE ENCLOSED STATEMENT.

THANKING YOU,

Yours faithfully,

SEAL OF COMPANY

Signature with Date,

Name and Designation of the Authorized Representative of the Firm
