

**GANPAT UNIVERSITY
IT DEPARTMENT
VENDOR REGISTRATION (V.R.) FORM**

1. Name of the Vendor (Company): _____

2. Contact Details:

a) Address _____

b) Telephone No.(With STD Code) : _____ Fax No. _____

c) E-mail(Compulsory): _____

d) Web-Site: _____

e) CST No. : _____

f) GST No. : _____

g) VAT No. : _____

3. Nature of Business(Please Tick on one) : **Manufacturer/Sole Selling Agent /Dealer/ Traders/ Agent/ Assembler**

4. In case of dealer, agent or Traders (Please provide documentary evidence in support of Authorization)

(Proof Attached?) Yes/No (Annexure No.- _____)

5. Nature of Company(Please tick on one) : **Proprietary/Partnership/Private/Public Ltd.**

6. For any clarification persons to be contacted in your company.

S. No.	Name of Person	Designation	Phone No.	Mobile No.	E-Mail Address
1					
2					

7. Brief details of products/range and types of equipment/materials, which can be supplied by you. (Attach separate list with brochure if spaces is not sufficient)

S. No.	Name of IT Product/ Service	Description of Product/Service	Remarks

8. List of main five clients

S. No.	Name of Organization & Address	Contact person with designation, telephone No. & Fax No.	Product Supplied /Service Offered	Value of supplies during the last two year (In Rupees)

9. Annual Turnover (Value in Rs.) (Last Three years).

1.

2.

3.

10. Have you any local Branch/Office/Agents? (In Mehsana)

If so, please furnish details with address, phone No. and contact person
(Applicable only to outstation vendors)

11. If your partner/distributor/representative or relative is working with our organization as our employee. Please disclose his/her identity in separate sheet in following format.

S.No. Name of the Person Designation Department Institute

We hereby confirm that we have read the **vendor guidelines** carefully and we will strictly follow these guidelines while dealing with your organization.

Signature of Vendor

Stamp of Vendor

Vendors are requested to send hard copy of the “Vendor Registration Form” duly filled in each point, signed & stamped at the following address: -

Mr. Pankaj Kumar Bayati,
Officer(Information Technology)
Ganpat University,

Ta. & Dist. – Mehsana(Gujarat)

Pin Code : - 382 711

Phone No. – 02762-286086 EPBAX No.- 2106

Mobile No.- +9198795-94102

E-mail :- pankaj.bayati@ganpatuniversity.ac.in , itsupport@ganpatuniveristy.ac.in

Kindly note the following before you send the Vendor Registration form or communicate with us

1. The V.R. Form is to be completed in all respects. If any item is not relevant, please write "Not Applicable".
2. Submission of incomplete application/short receipt of documents shall be sufficient cause for outright rejection and no further correspondence shall be entertained.
3. Physical verification of facilities as well as statements made/submitted will be carried out as necessary. Misinformation, if any, will made the registration liable to be cancelled.
4. Quote V.R. Form No. in all future correspondences.
5. Enclose all relevant documents.
6. Do not enclose any other document unless specially asked for.
7. Each page of the V.R. Form to be duly signed at the bottom.

8. DECLARATION BY VENDOR

I confirm that the information furnished are correct to the best of my knowledge and belief.

(Signature of Proprietor/Partner/Chief Executive)*

Name

(in Capital Letter)

Place :

Date :

(Seal of Vendor)

* Strike out those which are not applicable.