KENDRIYA VIDYALAYA NO.2, CHANDIMANDIR CANTT

 FORM FOR EMPANELMENT OF FIRMS FOR THE SESSION 2024-25

**TO BE FILLED BY AUTHORIZED PERSON/OWNER OF ORGANIZATION**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name of the Organization****/Company/Supplier/Vendor (in Block letter)** |  |
| **2.** | **Address for Communication** | **ShopNo.** |  |
| **Street Name** |  |
| **Village(Post)** |  |
| **City** |  |
| **Pin code** |  |
| **3.** | **TelephoneNumber** | **Landline(O)** |  |  |  |  |  |  |  |  |  |  |
| **Mobile** |  |  |  |  |  |  |  |  |  |  |
| **E-mailID** |  |
| **4.** | **BRAND/ARTICLE IN WHICH BUSINESS IS DONE****\*if any other item/article you can supply, then a separate sheet may be used while submitting hard copy of registration** | **S.No** | **Nameofthe Brand/Article/Item****that youcan supply** | **Name of the Manufacturer** |
| **1)** |  |  |
| **2)** |  |  |
| **3)** |  |  |
| **4)** |  |  |
| **5)** |  |  |
| **5.** | **Registration Certificates**(Attach Xerox copies) | **GSTIN No.** |  |
| **PAN NO.** |  |
|  |  |
| **6.** | **BankDetails****State if account is in the name of Firm if NO, mention the name in favour of whom the Payment shall be issued (Owner Only)** | **YES/NO** |
| **7.** | **Details of Experience in the related field** |  |

**DECLARATION**

I Shri/Smt. Proprietor of M/s. do hereby certify that the above particulars and documents furnished by me are correct. I also understand that if any information document found incorrect, my enlistment is liable to be cancelled.

Yours faithfully,

SEAL OF COMPANY/FIRM

Signature with Date, Name

 and Designation of the Authorized Representative of the Firm