



VENDOR REGISTRATION FORM

| | |
|--|--|
| Name of the Company (in full) | |
| Date of Incorporation | |
| Address | |
| City | |
| Pin Code | |
| State | |
| Country | |
| Telephone No. | |
| Mobile No: | |
| Fax No. | |
| E-mail Address | |
| Web Site | |
| Orgainsational Management Data - Details of Directors/ Partners/ Proprietor/ Representative | |
| Name | |
| Designation | |
| Qualifications | |
| Details of relevant work experiene | |
| No. of years of experience | |
| Areas of services/ work/ supply provided (Select from drop down in below cell) | |
| Design | |
| Consultancy | |
| Civil | |
| Electrical | |
| Landscape | |
| Mechanical | |
| IT | |
| Manufacturer | |
| Admin/ Office Supplies | |
| Others | |
| List of major clients | |
| | |