



VENDOR REGISTRATION FORM - DOMESTIC

VENDOR CODE:-

	COMPULSORY FIELD	MARKED IN RED
1	REQUESTED BY / DEPARTMENT	
2	DATE OF REQUEST	
3	VENDOR REGISTRATION FOR PLANT 1110-SSW;2110-EOU;1210-TRADING;4110-SEZ;R&D URAWADE	
4	SUPPLIER CLASSIFICATION (SR NO.1,2,3,4 TO BE FILLED BY PRAJ BUYER)	
5	NAME OF VENDOR	
	NAME OF VENDOR - CONT....	
6	SHORT NAME	
7	ADDRESS	
	ADDRESS CONT.....	
	ADDRESS CONT.....	
8	DISTRICT	
9	CITY	
10	PINCODE	
11	STATE	
12	COUNTRY	
13	TELEPHONE (1)	
	TELEPHONE (2)	
14	FAX NO	
15	E-MAIL	
16	CONTACT PERSON	
	NAME	
	TEL / EXT NO	
	MOBILE NO	
17	PAN - PERMANENT ACCOUNT NO (INCOME TAX)	
18	GST NO	
19	SSI REGISTRATION NO & REG DATE (IF APPLICABLE)	
20	WCT NO & REG DATE	
21	TYPE OF VENDOR(MFG/DEALER/TRADER) (SELECT FROM DROPDOWN LIST)	
22	MSMED REGISTRATION NUMBER* (IF APPLICABLE) (COPY OF CERTIFICATE TO BE ATTACHED BY VENDOR WITH THE FORM)	
23	ITEMS/PRODUCTS PROPOSED TO BE PROCURED (TO BE FILLED BY PRAJ BUYER)	
24	NAME OF BANK	
25	ADDRESS OF BANK	
	Cont...	
	Cont...	
26	TYPE OF ACCOUNT- CURRENT	
27	ACCOUNT NUMBER	
28	MICR Code	
29	WHETHER RTGS FACILITY AVAILABLE WITH BANK	
30	(if yes) IFSC CODE OF BRANCH	
31	PROPOSED DLMT CATEGORY (TO BE FILLED BY PRAJ BUYER)	

Remarks:-

Engineer VDC

Engineer QAC

Head VDC

Manager DLMT

Head DLMT