

TO BE FILLED BY AUTHORIZED PERSON / OWNER OF ORGANIZATION

1.	NAME OF THE ORGANIZATION/ COMPANY / SUPPLIER / VENDOR												
2.	ADDRESS FOR COMMUNICATION	Shop No.											
		Street Name											
		Village (Post)											
		City											
		PINCODE											
3.	TELEPHONE NUMBERS	Landline (O)											
		Fax (O)											
		Mobile											
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 hardcopy of registration	S. No	Name of the Brand/Article/Item that you can supply	Name of the Manufacturer									
		1)											
		2)											
		3)											
		4)											
		5)											
5.	Registration Related Numbers	GST NUMBER											
		TIN / VAT NUMBER											
		PAN NUMBER											
6.	I DECLARE THAT, THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH THE HARD COPY OF THIS APPLICATION THAT IS MEANT FOR REGISTRATION OF FIRM FOR 2019-20												
	Copy of registration of firm / company / shop	YES	NO										
	Copy of TIN (VAT)/GST number copy	YES	NO										
	PAN NUMBER copy	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 KENDRIYA VIDYALAYA AFS CHABUA 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,

SEAL OF COMPANY

Yours faithfully,

Signature with Date,
Name and Designation of the Authorized Representative of the Firm