



## VENDOR REGISTRATION FORM

\* mark fields are mandatory

Registration Category*	<input type="checkbox"/> Original Equipment Manufacturer
	<input type="checkbox"/> Distributor/Dealer/Stockist
	<input type="checkbox"/> Micro/Small Enterprise
	<input type="checkbox"/> Public Sector Unit
	<input type="checkbox"/> Govt. Dept
	<input type="checkbox"/> Consortium/State/Govt. Agencies
	<input type="checkbox"/> Others
If others, please specify	
Name of Individual/Firm/Company*	
Registration Number*	
Registration Authority*	
Date of Registration*	

Name of the Chief Executive / Director / Owner / Partner:	
Email:	Mobile:
Landline. No. (prefix std code):	
Name and designation of the contact person:	
Address for communication:	
Email:	Mobile:
Landline. No. (prefix std code):	
Company website address:	
<b>OFFICE ADDRESS</b>	
Address* :	
Street* :	City* :
District* :	State* :
Pincode* :	Mandal :
Telephone* :	Fax :
Mobile(Start with 0)* :	
Email* :	
Alternate Email :	
<b>Branch Address</b>	
Address* :	
Street* :	City* :
District* :	State* :
Pincode* :	Mandal :
Telephone* :	Fax :
Mobile(Start with 0)* :	
Email* :	
Alternate Email :	
<b>Firm Address</b>	
Address* :	
Street* :	City* :
District* :	State* :
Pincode* :	Mandal :
Telephone* :	Fax :
Mobile(Start with 0)* :	
Email* :	
Alternate Email :	

## APPLICANT PROFILE

<b>1. Type of Ownership:</b> (Enclose supporting document attested by public Attorney)	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Company(Public/Private) <input type="checkbox"/> PSU/Govt. Undertaking <input type="checkbox"/> Research Institute <input type="checkbox"/> Trust <input type="checkbox"/> Joint Venture/other tie-up for equipment, financial backing or Project Management
Joint Ventures : If Others :	

  

<b>2 a) Category of Industry as per MSMED Act, 2006</b>	<input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> SC/ST owned MSE <input type="checkbox"/> Women owned MSE
If you are Micro/Small Enterprise, please enclose Udyog Aadhaar (Memorandum and Acknowledgement) & EM-II Certificate (if applicable) full set of self certified photocopy . DIC / NSIC / KVIC / KVIB / CB / DHH Certificate, if applicable please submit self certified photocopy	
<b>b) Is your firm a startup? If so, please provide recognition certificate by Dept. of Industrial Policy and Promotion</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(c) Do you have ISO 9000/9001/9002 certification?</b> If yes, please specify & indicate validity	<input type="checkbox"/> Yes      Valid Upto: <input type="checkbox"/> No
<b>(d) In case of certification by other accredited institutions, please give details:</b> <div style="text-align: center;">             Institution:              Type of Certification:              Valid up to:           </div>	

  

<b>3 Is your firm / Co. registered</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, furnish below details and enclose supporting document for applicable category	
<b>a) As a proprietary firm?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the names of all firms having the same proprietor:	
<b>b) Under Indian Partnership Act 1932?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the names of all firms having same partners:	
<b>c) Under Indian Companies Act 1956?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

4. Nature of Business carried out: (Attach Brochures / leaflets of products manufactured)*	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Service / Subcontractor <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Dealer <input type="checkbox"/> Trader <input type="checkbox"/> Consultant <input type="checkbox"/> CivilWorks <input type="checkbox"/> Conversion/Outsourcing <input type="checkbox"/> Others, please specify
---	--

5. Items of Manufacture / Service / Civil Works / Agency / Dealership / Consultancy for which Registration is sought:
---

6. List of product category being dealt with (Please put tick mark)	<input type="checkbox"/> Capital Items <input type="checkbox"/> Raw Materials (Metals / Ferro Alloys / Alum. Bars etc.) <input type="checkbox"/> Production Consumables (Graphite electrodes etc.) <input type="checkbox"/> General Consumables <input type="checkbox"/> Hand tools, Gauges and Instruments <input type="checkbox"/> Specific Tools <input type="checkbox"/> General Spares <input type="checkbox"/> Job work at supplier end / Conversion <input type="checkbox"/> Services <input type="checkbox"/> Civil works <input type="checkbox"/> Transportation <input type="checkbox"/> Stationery and other miscellaneous <input type="checkbox"/> Others, please specify
---	---

7. If manufacturer/sub-contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	---

8. If Agent, please give the details	<input type="checkbox"/> Territories <input type="checkbox"/> Principal held details of the agent agreements <input type="checkbox"/> Details of modalities of stock held <input type="checkbox"/> Maximum value of supply at any time <input type="checkbox"/> Facilities for after sales Service
--------------------------------------	--

Give related Details:

--

9. If stockist, please state the level of stocks held, approximate stock in trade normally held, maximum value of supply that can be executed at any time, Surety/ testimonial establishing dependency and capacity to execute contracts.																									
10. Value of movable/immovable property with details. Self certified documents to be submitted.																									
11. Details of Sales turnover and sales tax paid in last 3 years: (Enclose Annual Reports)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">(a)</td> <td style="width: 10%;">Year:</td> <td style="border: 1px solid black; width: 80%;"></td> </tr> <tr> <td></td> <td>Details:</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(b)</td> <td>Year:</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td>Details:</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(c)</td> <td>Year:</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td>Details:</td> <td style="border: 1px solid black;"></td> </tr> </table>	(a)	Year:			Details:					(b)	Year:			Details:					(c)	Year:			Details:	
(a)	Year:																								
	Details:																								
(b)	Year:																								
	Details:																								
(c)	Year:																								
	Details:																								
12. Are you listed/ Approved contractor for other PSU/ Govt Department. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please give details and enclose Registration Document. <div style="display: flex; justify-content: flex-end; margin-top: 5px;">           Details: <div style="border: 1px solid black; width: 350px; height: 25px;"></div> </div>																									
13. Have you ever been Black listed by any of the above. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please give details and enclose self-certified document. <div style="display: flex; justify-content: flex-end; margin-top: 5px;">           Details: <div style="border: 1px solid black; width: 350px; height: 25px;"></div> </div>																									
14. Are already doing business with Midhani? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please give details: (PO Number, Item Description) <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div>																									
15. Are you willing to furnish security deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
16. Are you willing to abide by Midhani's General Terms and Conditions of contract.? Accept <input type="checkbox"/> Yes <input type="checkbox"/> No																									

17. References of Your Customers : Please enclose self certified photocopies of orders executed during the last one year. At least 2 PO's / Invoices executed during last one year for the material /service sought for registration to be submitted

Sl. No	Plant / Organization	Material / Service Description	Order No. / Date	Value in Rs.

**PLEASE FURNISH THE FOLLOWING DETAILS**

- 1 Floor area of factory :
- 2 Number of workers employed :
- 3 Number of employees in QC/Inspection :
- 4 Sources of raw materials :
- 5 Collaborators :
- 6 Any details of plant and machinery :

**PLANT AND MACHINERY**

- 1 Details of plant and machinery :
- 2 Inspection equipment :
- 3 Test facilities :
- 4 Any facilities being sought from others :

**REGISTRATION PARTICULARS (Enclose documents for each)**

- 1 Permanent Account No\* :
- 2 GST Registration Number \* :

**The following information of Bank Account of the company, duly endorsed by the bank(required for electronic Fund Transfer - EFT/RTGS) is to be submitted.**

- 1 Name of Company\* :
- 2 Name of Bank\* :
- 3 Name of Bank Branch & Address\* :
- 4 City/Place\* :
- 5 Account Number\* :
- 6 Account Type\* :
- 7 IFSC code of the Bank Branch\* :
- 8 MICR Code of the Bank Branch\* :
- 9 Details of other Bankers :  
(for reference purpose only)

**REGISTRATION FEE**

For registration, please send non refundable registration fee Rs. 500/- plus applicable GST (Presently GST applicable is 18%.  
Hence vendor has to pay Rs.590/-) in favor of 'MISHRA DHATU NIGAM LIMITED' payable at Hyderabad.

1	DD NUMBER or UTR No. of NEFT payment done	:
2	DD AMOUNT	:
3	DD Date	:
4	BANK NAME	:
5	UTR No. /date for NEFT/RTGS	:

The information furnished in this form is true to the best of my knowledge and belief. In case the same is found incorrect, MIDHANI reserves the right to cancel the registration and also take any other action as deemed fit.

Signature

Date:

Name & Designation \*  
[Rubber / Stamped]

Place:

Seal of the Company

- \* 1. Proprietor / Partner / Director  
2. Company Secretary / Head of Administration (for foreign company's Indian Operation)

**Note:**

1. Vendor registration if done shall be valid for 5 years and thereafter supplier has to renew the same
2. Please attach separate sheet wherever necessary

**Following documents are required**

- ☐ COPY OF REGISTRATION / MEMORANDUM AND ARTICLES OF ASSOCIATION (IF PUBLIC LIMITED COMPANY OR PRIVATE LIMITED COMPANY)
- ☐ CERTIFICATE OF INCORPORATION (IF PUBLIC LIMITED COMPANY OR PRIVATE LIMITED COMPANY)
- ☐ PARTNERSHIP DEED (IF PARTNERSHIP FIRM)
- ☐ LATEST LIST OF BOARD OF DIRECTORS/PARTNERS
- ☐ MSME CERTIFICATE (OPTIONAL)
  - A. IF YOU ARE A MSE, PLEASE PROVIDE PROOF OF THE SAME ALONG WITH UDYOG AADHAR MEMORANDUM NUMBER AND CERTIFICATE
  - B. PLEASE FURNISH CERTIFICATE IF YOU BELONG TO SC/ST OWNED MSE, WOMEN OWNED MSE
- ☐ START-UP CERTIFICATE (OPTIONAL)
- ☐ ISO 9001:2008 CERTIFICATE (OPTIONAL)
- ☐ INCOME TAX RETURNS (LAST 3 FINANCIAL YEARS)
- ☐ BALANCE SHEET AND PROFIT & LOSS STATEMENT (LAST 3 FINANCIAL YEARS)
- ☐ GST CERTIFICATE
- ☐ PAN CARD COPY
- ☐ DEALERSHIP / CHANNEL PARTNER CERTIFICATE (OPTIONAL)
- ☐ VALID REGISTRATION CERTIFICATE OF OTHER P.S.U. / GOVT. ORGANIZATION (OPTIONAL)
- ☒ RS.500/- PLUS APPLICABLE GST (PRESENTLY APPLICABLE GST IS 18%) IN FAVOUR OF MISHRA DHATU NIGAM LIMITED, PAYABLE AT HYDERABAD / RECEIPT OR PROOF IN CASE OF NEFT TRANSFER
- ☐ EXPERIENCE CERTIFICATE (P.A.C. / PERFORMANCE CERTIFICATE / PREVIOUSLY EXECUTED P.O. COPIES / CONTRACTS FOR THE SAME OR SIMILAR MATERIAL / SERVICE FOR WHICH REGISTRATION IS SOUGHT. AT LEAST 2 POS / INVOICES WHICH ARE EXECUTED DURING THE LAST ONE YEAR TO BE SUBMITTED
- ☐ VENDOR REGISTRATION CERTIFICATES GIVEN BY PSU'S/GOVERNMENT ORGANISATIONS (OPTIONAL)
- ☐ FACTORY LICENCE (APPLICABLE FOR MANUFACTURERS)
- ☐ PCB CERTIFICATE (APPLICABLE FOR MANUFACTURERS)
- ☐ CONSENT FOR OPERATION -CFO (IF APPLICABLE)
- ☐ SELF DECLARATION THAT YOUR COMPANY SHALL STRICTLY FOLLOW GOVERNMENT LAWS AND GUIDELINES REGARDING CHILD LABOUR FROM TIME TO TIME.

**Note: All the above documents should be self certified**