

## **VENDOR REGISTRATION FORM**

\* mark fields are mandatory

Registration Category*	Original Equipment Manufacturer/Original Manufacturer
- Constitution category	Distributor/Dealer/Stockist
	Micro/Small Enterprise
	Public Sector Unit
	Govt. Dept
	Consortium/State/Govt. Agencies
	Others
If others, please specify	
Name of Individual/Firm/Company*:	
Registration Number*:	
Registration Authority*:	
Date of Registration*:	
Name of the Chief Executive / Director / Ow	ner / Partner:
Email:	Mobile:
Landline. No. (prefix std code):	
Name and designation of the contact person	n:
Address for communication:	
Email:	Mobile:
Landline. No. (prefix std code):	
Company website address:	
OFFICE ADDRESS	
Address*:	
Street*:	City* :
District*:	State* :
Pincode*:	Mandal :
Telephone*:	Fax :
Mobile(Start with 0)*:	
Email*:	
Alternate Email :	
Branch Address	
Address*:	
Street*:	City* :
District*:	State* :
Pincode*:	Mandal :
Telephone*:	Fax :
Mobile(Start with 0)*:	
Email*:	
Alternate Email :	
Firm Address	
Address*:	
Street*:	City* :
District*:	State* :
Pincode*:	Mandal :
Telephone*:	Fax :
Mobile(Start with 0)*:	
Email* :	
Alternate Email :	

		1	APPLICANT	T PROFILE
1.		Indivi		
			ership	wineta (Dulalia)
			.ompany(Pi Govt. Unde	rivate/Public)
	<u> </u>		arch Institu	-
		Trust		
				ther tie-up for equipment, financial backing
			oject Mana	-
	Joint Ventures :			
	If Others :			
_			<b>.</b>	
2	a) Category of Industry as per MSMED Act, 2006		Micro Small	
	WSWLD Act, 2000		Medium	
		H	SC/ST owi	ned MSE
				owned MSE
	If you are Micro/Small Enterprise, please e	nclose	e Udyam Re	egistration Certificate
	(Self certified photocopy) .			
	b) Is your firm a startup? If so, please provi	de re	cognition c	certificate by
	Dept. of Industrial Policy and Promotion		Yes	
			No	
		ш	140	
	(c) Do you have <b>ISO</b>		Yes	Valid Upto:
	9000/9001/9002 certification?		No	·
	If yes, please specify			
	& indicate validity			
	(d) In case of certification by other accredit	ed in:	stitutions,	please give details:
	Institution:			
	Type of Certification:			
	Valid up to:			
3	Is your firm / Co. registered		Yes	
			No	
	If Yes, furnish below details and enclose su	pport		ent for applicable category
	a) As a proprietary firm?		Yes No	
	If yes, give the names of all firms		110	
	having the same proprietor:			
	b) Under Indian Partnership Act 1932?		Yes	
			No	
	If yes, give the names of all firms			
	having same partners:			
	c) Under Indian Companies Act 1956?		Yes	
	D.1.1.1		No	
	Details:			
4.	Nature of Business carried out:		Manufact	urer
	(Attach Brochures / leaflets of		Service / S	Subcontractor
	products manufactured)*		Authorize	ed Agent

		$\Box$	
			Dealer
			Trader
			Consultant
			CivilWorks
			Conversion/Outsourcing
			Others, please specify
5.	Items of Manufacture / Service / Civil		
	Works / Agency / Dealership /		
	Consultancy for which Registration		
	is sought:		
6.	List of product categoty being dealt		Capital Items
	with (Please put tick mark)		Raw Materials (Metals / Ferro Alloys / Alum. Bars etc.)
			Production Consumables (Graphite electrodes etc.)
			General Consumables
			Hand tools, Gauges and Instruments
			Specific Tools
			General Spares
			Job work at supplier end / Conversion
			Services
			Civil works
			Transportation
			Stationery and other miscellaneous
			Others, please specify
7.	If manufacturer/sub-contractor		Yes
			No
8.	If Agent, please give the details		Territories
			Principal held details of the agent agreements
			Details of modalities of stock held
			Maximum value of supply at any time
			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			
-0.	with details. Self certified documents to be submitted.			
11	Details of Sales turnover and	(2)	Voori	
11.	sales tax paid in last 3 years:	(a)	Year: Details:	
	(Enclose Annual Reports)		Details.	L
	(Enclose / united Nepolito)	(b)	Year:	
		` ,	Details:	
		(c)	Year:	
			Details:	
12.	Are you listed/ Approved contractor		Yes	
	for other PSU/ Govt Department.		No	
	If "Yes", Please give details and enclose Regi	strati	on Docum	lent.
	Details.			
13.	Have you ever been Black listed by	□ '	Yes	
	any of the above.		No	
	If "Yes", Please give details and enclose self-	certif	ied docum	nent.
	Details:			
14.	Are already doing business with		Yes	
	Midhani?		No	
	If "Yes", Please give details:			
	(PO Number, Item Description)			
15	Are you willing to furninsh		Yes	
10.	security deposit?		No	
		<u> </u>	· - <del>*</del>	
16.	Are you willing to abide by Midhani's		Yes	
	General Terms and Conditions of		No	
	contract.? Accept			

## 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 to be submitted.

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

18	Whether you are registered in GeM ? If so GeM seller Id:	please provide your GeM Seller Id
	l	 eller , please register your firm and upload your products in GeM
	(https://gem.gov.in/). This is a mandatory	
19	Please confirm whether your	Yes
	firm/company abides to all labour laws	□ No
	(including child labour) and regulations of	
	both state and central Government of	
	India	
20	Vendor should provide self declaration tha	t their entity has not been convicted of an offence under Prevention of
		enal Code or any other law for the time being in force, etc.
	•	,
	PLEA	ASE FURNISH THE FOLLOWING DETAILS
		:
1	Floor area of factory	
2	Number of workers employed	:
_	Inditiber 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
		PLAINT AIND WIACHINERT
1	Details of plant and machinery	:
2	Inspection equipment	:
3	Test facilities	:
<b> </b>	Any facilities being sought from others	
4	Any facilities being sought from others	:
	REGISTRATION	I PARTICULARS (Enclose documents for each)
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	Permanent Account No*	:
2	GST Registration Number *	:
	ine following information of Bank Account of	the company, duly endorsed by the bank(required for electronic Fund Transfer - EFT/RTGS) is to be submitted.
		2, i es, is to be submitted.
1	Name of Company*	:
2	Name of Bank*	:

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

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 Name & Designation \* Date: [Rubber / Stamped] Place: Seal of the Company

\*

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

Note: Please attach separate sheet whereever necessary

THE FOLLOWING DOCUMENTS ARE REQUIRED
COPY OF REGISTRATION / MEMORANDUM AND ARTICLES OF ASSOCIATION (IF PUBLIC LIMITED COMPANY
OR PRIVATE LIMITED COMPANY)
, П
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 UDYAM REGISTRATION CERTIFICATE
B. PLEASE FURNISH CERTIFICATE IF YOU BELONG TO SC/ST OWNED MSE, WOMEN OWNED MSE
B. PLEASE FORMISH CERTIFICATE IF TOO BELONG TO SC/ST OWNED WISE, WOMEN OWNED WISE
CTART LIR CERTIFICATE (ORTIONAL)
START-UP CERTIFICATE (OPTIONAL)
LI LICO COCCA 2000 CERTIFICATE (ORTIONIAL)
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 (Rs.590/-) IN FAVOUR OF MISHRA DHATU NIGAM LIMITED,
PAYABLE AT HYDERABAD / RECEIPT OR PROOF IN CASE OF NEFT TRANSFER
Midhani Bank details are given below
Mishra Dhatu Nigam Limited
Bank Name : HDFC Bank Ltd.
Branch Address : Lakdikapul Branch,
Hyderabad.
Account No. : 00210330000440.
IFSC Code: HDFC0000021
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
LI VENDOD DECISEDATION CEDEUCATES CIVEN DV DCIVIS (COVEDNIA ENT. OD CANUSATIONS (ODTIONAL)
VENDOR REGISTRATION CERTIFICATES GIVEN BY PSU'S/GOVERNMENT ORGANISATIONS (OPTIONAL)
GeM REGISTRATION PROOF
FACTORY LICENSE AND PCB CFO (If applicable)
VENDOR SHOULD PROVIDE SELF DECLARATION THAT THEIR ENTITY HAS NOT BEEN CONVICTED OF AN OFFENCE UNDER
PREVENTION OF CORRUPTION ACT, 1988 OR UNDER THE INDIAN PENAL CODE OR ANY OTHER LAW FOR THE TIME
BEING IN FORCE, ETC

NOTE: ALL THE ABOVE DOCUMENTS SHOULD BE SELF CERTIFIED AND TO BE SENT TO DGM-PURCHASE, MISHRA DHATU NIGAM LIMITED, PO KANCHANBAGH, HYDERABAD-500058, TELANGANA STATE.