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**APPLICATION FORM FOR REGISTRATION OF VENDORS - OFFLINE TENDERS**

**(Providing all APPLICABLE information alongwith documents is COMPULSORY)**

***{*** *Current ISRO eProcurement Portal;*  [***https://eprocure.isro.gov.in***](https://eprocure.isro.gov.in) }

*New ISRO eProcurement Portal;* [*https://eproc.vssc.gov.in*](https://eproc.vssc.gov.in)

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| --- | --- | --- |
| 1. | Name of the Firm |  |
| 2. | **Government e Marketplace (GeM) Reg. ID** |  |
| 3. | **Address:-** |  |
|  | Regd. /Head office |  |
|  | Branch / Sales Office |  |
|  | Godown |  |
|  | Factory / Workshop |  |
| 4. | **Contact Details** | Office | Branch | Godown | Factory |
|  | Telephone No./ Nos. |  |  |  |  |
|  | Mobile Nos. |  |  |  |  |
|  | Fax No. /Nos |  |  |  |  |
|  | E-Mail Address |  |  |  |  |
| 5. | **Company website** |  |
| 6. | **Registration sought as TRADER/ STOCKIST/ SUPPLIER/DEALER/ AGENT/GOVERNMENT/ IMPORTER/ SUPPLY/BUYER OF SCRAP/ DISTRIBUTOR/ASSEMBLERS/ MANUFACTURER/FABRICATOR/SERVICE CONTRACTOR (Mention Category)** |  |
| 7. | **Letter of authority from Manufacturers as sole Distributor/Dealer with details of distributorship/dealership, if applicable** |  |
| 8. | **Kind of ownership** |  |
|  | If a limited concern, Name & Addresses of Directors & Managing Director  |  |
|  | If a limited concern, Name & Addresses of Directors & Managing Director  |  |
|  | If partnership, Name & Addresses of Partners |  |
| 9. | **Income Tax Returns for the Last Three years, Attach Copies** |  |
| 10. | **References of CSIR/DAE/Defence DRDO LAB/DGS&D/Govt. Dept. with Whom you are already registered, with documentary evidence and validity** |  |
| 11. | Give a list of your major products / services, you intend to offer as a supplier: **Please enclose your Company/ Product Catalogues** |  |
| 12. | **Whether firm is ISO certified or having any other certification?** If yes, please specify & indicate validity:  |  |
| 13. | Are you a small scale Industry registered with the N.S.I.C? if yes, please enclose copy of NSIC Competency/ Capacity certificate OR is your firm registered as MSME ? **Enclose certificate** |  |
|  | Mention category in case of company owned by SC/ ST/Women Entrepreneurs |  |
| 14. | **Bank Details** |  |
|  | Bank Name and Branch |  |
|  | Branch Code |  |
|  | Bank Account No |  |
|  | IFSC Code |  |
|  | \*Swift Code (only for foreign Firms) |  |
|  | \*IBAN (only for foreign Firms) |  |
| 15. | **Registration Details (Attach Copy of Registrations)** |  |
|  | GST Registration No. |  |
|  | Income Tax PAN No.: [e.g. AABBB0123P] |  |
| 16. | Please provide any additional information, which will help you in securing registration with PRL |  |

**DECLARATION**

**1. We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of partners/proprietors or share- holders) do hereby declare that the entries made in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney.**

**2. We also undertake the responsibility to inform all subsequent changes in the constitution OR working of firm, affecting the accuracy of the answers now given will be promptly communicated to your lab.**

**4. Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose signatures are given below is an authorized representative of this firm.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Specimen signatures of firm’s authorized representative)**

**Place : SIGNATURE OF AUTHORISED SIGNATORY**

**Date : (WITH FIRM’S SEAL)**

**General Instructions**

1. All information in the form must be correctly provided and necessary documents are to be attached, as applicable.

2. All Vendors submitting this form (duly completed) will be registered for offline tender enquiries for a period of three years.

3. Status of the registration can be sought through e-mail. Kindly write to us at prlvendors@prl.res.in for any query. You can also contact us at phone number 079 2631 4115 during working hours.

4. Duly completed form with relevant docs to may please be addressed to following address.

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**Request for Vendor Registration - M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Purchase and Stores Officer (Kind Attn : Pradeep Singh Chauhan)**
**Physical Research Laboratory,**
**Panna Lal Patel Marg**
**(A Unit of Dept. of Space, Government of India)**

**Ahmedabad-380009, India**

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