

RESEARCH CENTRE IMARAT
Ministry of Defence
Viganyana Kancha P.O, Hyderabad – 500 069.

APPLICATION FORM FOR REGISTRATION OF VENDORS

(Note: This information asked in Sr. Nos.1 to 19 & declaration at the end of form is compulsory to all type of vendors seeking registration. The Manufacturers have to full –up all the columns)

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1. Name of the firm :
2. Address :
- a) Regd./Head office :
- b) Branch / Sales Office :
- c) Godown :
- d) Factory / Workshop :
3. Office Branch Godown Factory
- a) Telegraphic Address :
- b) Telephone No./Nos. :
- c) Mobile Nos. :
- d) Fax No./ Nos :
- e) E-Mail Address :
4. Jurisdiction of Police Station under which the Premises fall:
5. Registration is sought as
**TRADER/STOCKIEST/SUPPLIER/DEALER/DISTRIBUTOR/ASSEMBLERS/
MANUFACTURER/FABRICATOR/SERVICE CONTRACTOR**
6. (a) Stores for which registration is sought. :
(b) Details of Distributor /Dealership of Articles normally stocked &
The extent of such stocks indication separately imported Articles
(Types of stores), Indigenous & stocked Articles with
Name of the Mfrs. & Types of stores (if Applicable)
7. Letter of authority from Manufacturers as sole Distributor/Dealer
with details of distributorship/dealership, if applicable.
8. Kind of ownership
- a) If a limited concern, Name & Addresses of Directors &
Managing Director
- b) If single owner, Name & Address of the Proprietor &
Manager if any
- c) If partnership, Name & Addresses of Partners

9. Is your firm registered under?
 - a) The Indian companies Act, 1956 as amended (attach copy of Memorandum & articles and Association)
 - b) The Indian Partnership Act, 1932 as amended (attach Statement in register of firms showing names of partners)
 - c) Indian Factories Act, 1950 (registration No. & Date to be given)
 - d) Any other Act

10. For any further information, person (s) to be contacted with
Name, Designation Phone (O), ® & Address

11. Sales Tax registration No. (Attach copies of GST, CST certificates)

12. Income Tax Registration No. Date (attach latest income Tax clearance Certificate)

13. References of Defence /DRDOLAB/DGS&D/Govt. Dept. with
Whom you are already registered, with documentary evidence

14. Bankers Name, Address, A/c No.

15. Are you providing after sale services? If so, indicate
 - (a) Warranty Period
 - (b) Scope of Warranty

16. List of Principal customers with addresses
(With special reference to Defence Contracts with proof)

17. Brief Description of the Organization
(i.e. History, total area, Present Set-up,
Future expansion plans, Deptts., Labs, etc.)

18. Details of Managerial & technical Personnel
 - a) Total no. of employees, Administrative, Technical
QC inspectors, Skilled- unskilled personnel
 - b) The min. requirements, experience & qualification laid down for
Quality control manager, supervisors & inspection staff
 - c) Is any member of your staff a foreigner? If yes, give details
 - d) Training programme of staff.

19. Type of industry: small/Medium / Large Scale industry
 - a) In case Small Scale Industry, registration No. & Date with the
Director of industries with proof
 - b) In case or medium scale/Large scale industry,
Factory number allotted by the Director General of Technical Development.

33. Inward goods inspection & quality control or raw materials / bought out items.

- a) Available test equipment and facilities in the factory indication description, Make, Rating & Quantity
- b) Assistance from external agencies
 - 1) Description of the Test
 - 2) Name of the agency carrying out the test.

34. Details of test facilities by way of equipment/ instruments held by you**35. Inspection and quality control of finished products**

- a) Available test equipment & facilities in the factory.
- b) Assistance from external agencies

36. Future plans:

- a) Expansion programme
- b) Installation of new machinery
- c) Additional test facilities
- d) Any other information you would like to furnish

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 hereby declare that all materials related to DRDO shall be treated as CONFIDENTIAL and no information shall be passed on to any unauthorized person without written permission of the Director of the Lab/Estt.
3. We also undertake the responsibility to inform all subsequent changed in the constitution OR working of firm, affecting the accuracy of the answers now given will be promptly communicated to your lab/ Estt.
4. Mr. _____ whose signatures are given below is an authorized representative of this firm.

(Specimen signatures of firm's authorized representative)

Place:

Date:

**SIGNATURE OF AUTHORISED SIGNATORY
(WITH FIRM'S SEAL)**