



Supplier Registration Form

Doc No.:

Rev.:

Date:

Page: 1 of 1

Name of company					
Type of company		Partnership <input type="checkbox"/>	Proprietary <input type="checkbox"/>	Public Ltd. <input type="checkbox"/>	Private Ltd. <input type="checkbox"/>
Details	Office			Works	
Contact Person					
Designation					
Address					
Telephone					
Fax					
E-mail					
Weekly Off					
CST Reg. No.:			ST Reg. No.:		
Income Tax No.:			TDS No.:		
SSI Reg. No.: (if SSI)			Ex. Reg. No.: / ECC no.:		
GST NO. :					
Range of products / services offered:					
List of existing facilities: <i>(attach page if necessary)</i>					
List of prominent customers: <i>(attach page if necessary)</i>					
Whether Certified for any management systems? If yes, attach a copy of certificate.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

We assure that we will maintain absolute & strict confidentiality about the information, data, drawings & if any such valuable information's are shared with us during the transaction of business with your organization & If any.



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Page: 1 of 1

Name _____ Signature _____

Designation _____ Date _____

(For office use only)

Comments:

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Supplier Approved: Yes , Supplier Code: _____ No

Date of approval: _____ Date of Audit (If Any) :

Signature: _____

We don't have any objection for supplier audit as & when required.

(Note : Please fill up the form & send it to purchase@irmra.org / sw@irmra.org with duly signed & stamp.)