



## VENDOR REGISTRATION FORM

\* mark fields are mandatory

| A. COMPANY/ FIRM DETAILS  |        |   |
|---|--------|---|
| Name of Individual/Firm/Company*:   |        |   |
| Registration Number*:   |        |   |
| Registration Authority*:  |        |   |
| Date of Registration*:  |        |   |
| Indian/Foreign*:  |        |   |
| Type of Ownership*:   |        |   |
| Permanent Account Number:   |        |   |
| GST Registration Number:  |        |   |
| <br><b>Name of the Chief Executive/Director/Owner/Partner:</b><br>Email:<br>Landline. No. (prefix std code):<br>Mobile:<br><br><b>Name and designation of the contact person:</b><br>Email:<br>Mobile:<br>Landline. No. (prefix std code):<br><br><b>Company website address:</b> |        |   |
| <b>Address for Correspondence</b>   |        |   |
| Address*:   |        |   |
| Street*:  | City*  | : |
| District*:  | State* | : |
| Pincode*:   | Mandal | : |
| Telephone*:   | Fax    | : |
| Mobile :  |        |   |
| Email :   |        |   |
| Alternate Email :   |        |   |
| <b>Head Office Address</b>  |        |   |
| Address*:   |        |   |
| Street*:  | City*  | : |
| District*:  | State* | : |
| Pin code*:  | Mandal | : |
| Telephone*:   | Fax    | : |
| Mobile :  |        |   |
| Email :   |        |   |
| Alternate Email :   |        |   |
| <b>Works/Plant address</b>  |        |   |
| Address*:   |        |   |
| Street*:  | City*  | : |
| District*:  | State* | : |
| Pincode*:   | Mandal | : |
| Telephone*:   | Fax    | : |
| Mobile :  |        |   |

**B.****APPLICANT PROFILE**

|   |   |
|---|---|
| 1. Product Category<br>(Use multiple of this page for applying under different categories)  | <input type="checkbox"/> Capital Items<br><input type="checkbox"/> Raw Material<br><input type="checkbox"/> Consumables<br><input type="checkbox"/> Services/ AMC/ Fabrication<br><input type="checkbox"/> Others, please specify |
| 2. Nature of Business   | <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Supplier/ Dealer/ Agent/Stockist<br><input checked="" type="checkbox"/> Service Provider<br><input type="checkbox"/> Others, please specify                     |
| 3. Items for which Registration is sought:<br>(Please attach Brochure / Technical Literature of each product)   |   |
| 4. If Manufacturer, please give the details of<br>a. Minimum Order Quantity, if any<br>b. Maximum manufacturing capacity<br>c. Authorized distributors for Indian Sub-continent for sales/service   |   |
| 5. If Supplier/ Dealer/ Agent/Stockist, please give the details of<br>a. Principal held<br>b. Territories authorized for<br>c. Details of the agent agreements<br>d. Maximum value of supply at any time<br>e. Surety/ Testimonials establishing dependency and capacity to execute the contracts<br>f. Facilities for after sales services |   |
| 6. If Service Provider, please give the details of<br>a. Testimonials establishing dependency and capacity to execute the contracts<br>b. Facilities/infrastructure   |   |
| 7. If Product Category and/or Nature of Business is "Others", please specify the Product Category/ Nature of Business and provide details.  |   |

|   |           |  |
|---|-----------|--|
| 8. Details of Sales turnover and<br>Sales tax paid in last 3 years:<br>(Enclose Annual Reports) | (a) Year: |  |
|   | Details:  |  |
|   | (b) Year: |  |
| Details:  |           |  |
| (c) Year:   |           |  |
| Details:  |           |  |

|  |                              |
|--|------------------------------|
| 9. Are you listed/ Approved<br>by other PSU/ Govt. Department.   | <input type="checkbox"/> Yes |
|  | <input type="checkbox"/> No  |
| If "Yes", Please give details and enclose Registration Document. |                              |

|   |                              |
|---|------------------------------|
| 10. Have you ever been Black listed by<br>any of the PSU/ Govt. Department/ Others. | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  |
| If "Yes", Please give details and enclose self-certified document.                  |                              |

|   |                              |
|---|------------------------------|
| 11. Already doing business with Semi-Conductor Laboratory         | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  |
| If "Yes", Please give details (PO Number, Item Description etc.): |                              |

|  |                          |     |  |
|--|--------------------------|-----|--|
| 12. Registered on GeM<br>Mention category for which registered   | <input type="checkbox"/> | Yes |  |
|  | <input type="checkbox"/> | No  |  |
| 13. Registered on CPPP<br>Provide CPPP ID:   | <input type="checkbox"/> | Yes |  |
|  | <input type="checkbox"/> | No  |  |
| 14. Specify/ provide details, if you are ISO<br>certified/ certified by any other<br>accredited institutions |                          |     |  |

| 15. References of Your Customers:<br>(Please enclose self-certified photocopies of orders executed during the last two years. At least 3 PO's/ Invoices<br>executed during last two years for the items/ service sought for registration to be submitted) |              |                                 |                |              |
|---|--------------|---------------------------------|----------------|--------------|
| Sl.<br>No.  | Organization | Item/<br>Service<br>Description | Order No./Date | Value in Rs. |
|   |              |                                 |                |              |
|   |              |                                 |                |              |
|   |              |                                 |                |              |

C.

**FOR INDIAN APPLICANTS ONLY**

16 a) Category of Industry as per

MSMEDAct,2006

- Micro
- Small
- Medium
- SC/ST owned MSE Women owned MSE
- others

If you are Micro /Small Enterprise, please enclose Udyog Aadhaar (Memorandum And Acknowledgement) &EM-II Certificate (if applicable) fullest of self- certified photocopy.  
DIC/NSIC/KVIC/KVIB/CB/DHH Certificate, if applicable please submit self- certified photocopy

b) Is your firm a startup? If so, please provide recognition certificate by Dept. of Industrial Policy and Promotion

- Yes
- No

(c) Do you have ISO  
9000/9001/9002 certification?

- Yes
- No

Valid Upto:

If yes, please specify & indicate validity

(d) In case of certification by other accredited institutions, please give details:

Institution:

Type of Certification:

Valid upto:

The information furnished in this form is true to the best of my knowledge and belief. In case the same is found incorrect, SCL 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

D.

#### DOCUMENTS 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 MSME, 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 MSME, WOMEN OWNED MSME
- START-UP CERTIFICATE (If any)
- ISO 9001:2008 CERTIFICATE (If any)
- 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
- VALID REGISTRATION CERTIFICATE OF OTHER P.S.U. / GOVT. ORGANIZATION (If any)
- VENDOR REGISTRATION CERTIFICATES GIVEN BY PSU'S/GOVERNMENT ORGANISATIONS (Ifany)

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