



**APPLICATION FORM” FOR REGISTRATION OF VENDOR WITH HOSPITAL**



1. Firm/Company Name :
2. Name of the Registered Owner/Proprietor:
3. Firm/Office Address
4. Correspondence Address(office) with PIN Code :
5. Telephone No./Mobile No. :
6. Fax No. with STD Code :
7. E-mail ID :
8. Name of the Contact Person for BLK :
9. PAN No. :
10. TIN No. & Drug License No. :
11. Posting Group :
12. DL No. (Drug License No.) :
13. Whether covered under MSME Act :  
(If yes please provide copy of certificate)
14. Whether covered under ESI/PF :  
(If yes please provide copy of certificate)
15. Current Income Tax return details :
16. Firm/Company Authorized dealership :
17. GST Number :
18. HSN Code :

Signature of Owner

Stamp:

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Requested by:

Approved by: