



APPLICATION FORM" FOR REGISTRATION OF VENDOR WITH HOSPITAL



1. Firm/Company Name : ROCHASOFT
2. Name of the Registered Owner/Proprietor: SUDHIR RAM
3. Firm/Office Address
4. Correspondence Address(office) with PIN Code : C-526, GF, JVTS GARDEN, CHHATTARPUR
EXTN. NEW DELHI-110074
5. Telephone No./Mobile No. : 9899230292
6. Fax No. with STD Code :
7. E-mail ID : SUDHIRKR@ROCHASOFT.IN
8. Name of the Contact Person for BLK :
9. PAN No. : BCCPS8809L
10. TIN No. & Drug License No. :
11. Posting Group :
12. DL No. (Drug License No.) :
13. Whether covered under MSME Act : DL08E0012326
(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 : 07BCCPS8809L1Z0
18. HSN Code : 00440452

Signature of Owner

Stamp:

Sudhir



Requested by:

Approved by: