

केन्द्रीय विद्यालय, भिण्ड (म.प्र.)

(मा.सं.वि. मंत्रालय, भारत सरकार के अधीन)

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तत् त्वं पूषन् अपावृणु  
केन्द्रीय विद्यालय संगठन

**KENDRIYA VIDYALAYA BHIND (M.P.)**

(Under the Ministry of H.R.D., Govt. of India)

Lahar Road, Near I.T.I.

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## फर्म पंजीकरण हेतु आवेदन प्रपत्र

Form for Firm Registration

सेवा का प्रकार :-  
(Type of Service)

(Separate Application is to be filled-up for each category)

सेवा प्रदान करने हेतु शर्तें : Conditions for Supplying Services

- 1) The Firm/Supplier should be in profession for at least one year (copy of proof must be enclosed).
- 2) Annual Turnover of the firm should not be less than the turnover mentioned against the different categories in any of the three financial years (Attach proof).
- 3) The firm should be on the approved panel of at least 3 reputed Firms.
- 4) The Firm/Supplier should have registration with state & Local Authorities for undertaking the profession ( Copies of proof to be enclosed)
- 5) Kindly attach copy of GST, PAN, TAN, Registration No, income tax returns and other documents.

**APPLICATION FOR FIRM/SUPPLIER/ SERVICE PROVIDER**

**PART – 1 GENERAL INFORMATION**

| <b>S. No.</b> | <b>Information sought</b>  | <b>Information to be Provided</b> |
|---------------|--|-----------------------------------|
| 1             | Name of the Firms ( in Block Letters)  |                                   |
| 2             | Date of Establishment/Incorporation  |                                   |
| 3             | Correspondence address and Telephone No.   |                                   |
| 4             | Address of Head Office ( if Separate and Telephone No.   |                                   |
| 5             | Status Proprietary/Partnership/Private Limited Company/ Public Limited Company   |                                   |
| 6             | Names of the Partners/Directors  |                                   |
| 7             | Name of Chief Executive with his present address and Telephone Nos.  |                                   |
| 8             | Name of Representative(s) with Designation who would be calling on us and attending to our jobs.   |                                   |
| 9             | Name of Bankers with address & telephone nos.  |                                   |
| 10            | Is the Firm registered Under the Factories Act<br>“? If so, state<br>License No.<br>Date of Last renewal of License ( Copy of the license to be enclosed)<br>PAN No.<br>TAN No. if any<br>ESIS No. if any<br>EPF Registration No.<br>GST No. if any. |                                   |
| 11            | Whether holding certificate under shops & establishment act duly renewed copy should be enclosed.  |                                   |

|    |   |   |
|----|---|---|
| 12 | State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years. IT Returns Balance Sheets & Revenue, A/c to be enclosed). |   |
| 13 | Turnover for last three financial years   | F.Y 2014-15<br>F.Y 2015-16<br>F.Y 2016-17 |
| 14 | Are you agreeable to make deliveries to Kendriya Vidyalaya within and out of KV Bhind, when so directed?  |   |
| 15 | Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and contracts?   |   |
| 16 | If your firm is registered with any KV/KVS, RO/ KVS, HQ or any other State/ Central Govt. offices. Please give name and address.                            |   |
| 17 | Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached).   |   |
| 18 | Mention any other specialties of your Establishment.  |   |

Note: Please fill this form legibly in ink. If space provided is insufficient please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

I/WE \_\_\_\_\_  
request Kendriya Vidyalaya Bhind, to consider inclusion of my/our name in the list of their approved firms/suppliers/service provider. We agree to give full satisfaction to the Vidyalaya in the event of their doing so.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2018.

Signature with Seal

Name:- \_\_\_\_\_

Designation: \_\_\_\_\_

**Note: The Vidyalaya reserves the right to cancel the name of the supplier/firm/service provider from its approved lists at his absolute discretion without assigning any reason.**