

REGISTRATON OF SUPPLIERS FOR THE YEAR 2013-14

Please fill up following information about your-self :-

Compulsory Details	
Type of products / services offered	
Name of the products / Services offered for which enlistment is made (Pl indicate our product/services ref no)	
Name of the Company (Regd. office/Head office)	
Status of the Company (Tick whichever is applicable)	<input type="checkbox"/> Public Limited Company
	<input type="checkbox"/> Private Limited Company
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Proprietary
Address 1	
Address 2, if any	
City	
State	
Country	
PIN Code	
Telephone	
Fax	
Email Address	
Website	
Capacity - Please indicate the maximum value of a single order executed by you	
Respective client reference with contact person name, phone no	