



Vendor Registration Form

Kindly Mail the signed and stamped document addressing to :

CONVMECH INNOVATIVE ENGINEERING SERVICES,

K1/136-B, H M TRADE CENTER,

F/F. OFFICE NO. 1 TO 3, ABOVE BANK OF BARODA

GIDC, Vitthal Udhyognagar-388 121, Gujarat., India.

E-mail : info@convmech.com , **Phone** : +91-2692- 231668 /2668 / 3668

Mobile : +91 xxxxxxxxxxxx , **Website** : www.convmech.com , <https://convmech.business.site/>

1. Vendor's Name :

1.2 Address (Office) :

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Telephone:..... Fax:Email:

Weekly off :

1.3 Address (Works) :

.....

Telephone:..... Fax:Email:

Weekly off : Website:

1.4 Contact Persons (Mention Name, Designation, Email and mobile no.):

1. Office:

2. Works: -

3. Key Technical Person:

1.5 Personnel:

	Manufacturing	Design	Inspection	Others
Staff				
Workmen				

2. Year of establishment :

3. Type of Organisation (Tick appropriately)

Individual Proprietary Firm LLP

Company Cooperative Society Trust

HUF AOP BOI

(Refer Annexure 1 IF FILING INCOME TAX RETURN IN CAPACITY OF INDIVIDUAL & IS FALLING IN DEFINITION OF CONTRACTOR U/S)

3.1 Details of Foreign Collaboration (If Any):

4. Type of Business (Tick appropriately)

Manufacturer Dealer

Authorised: Yes / No

Trader Job Work Executor

(Please attach certificate of authorised stockist / dealership)

5. Product Range – (Please provide list)

5.1 Product Category –

Imported - Raw Material Capital Goods Service Expenses Others Domestic - Raw Material Capital Goods Service Expenses Others

5.2 Currency – INR. (₹)

5.3 How long you will support the product / model (please specify):

5.4 Products for which registration is sought: (Please attach catalogues / Literature)

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5.5 Mfg. Facilities/Spare Capacity (Attach list of Machinery and their capacities in the following formats in a separate sheet)

Sr. No.	Description & Specification	Make	Year of Mfg.	Qty.

5.6 Details of testing/inspection facilities available (Attach a list in the following format in a separate sheet) Please enclose write-up of Quality System / Q.A.Plan (R.M. to finish goods)

Sr. No.	Description & Specification	Make	Last Calibration	Qty.

5.7 Monthly Production Capacity and Work Load: -
Average Production (Ton/Month):

5.8 Operating system:.....

6. Location of Branch Offices: N/A

6.1 Location of Manufacturing Units: N/A

6.2 Supplier site details

No. of Sites : N/A

Site Address :

Ph No. :

Fax No. :

6.2 GSTIN :

CST No.:

VAT/LST No.:

SSI Regn. No.:

Small/Medium/Large Scale Ind.

Excise Licence No.:

Excise Range:

Excise Division:

Excise Collectorate:

Tariff/Chapter Head No.:

PLA No.:

Registration No.:

Exemption if any :

Service Tax Registration No.:

PAN:

Category of Service:

TAX DEDUCTION A/C. NO. (SECTIONWISE IF ANY):

(Please attach copies of GSTIN, CST, VAT, Service tax)

7. Certificates of conformity / inspection reports of the products normally provided: Yes / No

7.1 List of relevant standards adopted and practised by Vendor:

7.2 List of third party approvals: N/A

7.3 ISO Certification (ISO 9001 / ISO 14001 / ISO 18001):

(Type of certificate / Validity of certificate / Issuing Authority / Year of certification)

(Please attach Certificate copy)

N/A

8. Environment, Health & Safety (EHS) Management Systems: N/A.

Contact Person for EHS:

Tel no. :

Email address:

8.1 Do you have a signed and dated Health & Safety Policy: No

8.2 Do you have a signed and dated Environmental Policy: No

8.3 Do you have objectives to improve your Health & Safety performance: No

8.4 Do you have objectives to improve your Environmental performance: No

8.5 Do you have a Health and Safety Management System: No

8.6 Do you have a Health and Safety Management System certified by an accredited body to a recognized standard: No

8.7 Do you have an Environmental Management System: No

8.8 Do you have an Environmental Management System certified by an accredited body to a recognized standard: No

8.9 Is your company free from any charges or notices served by the regulatory authorities in relation to EHS in the last 3 years? No

8.10 Can you confirm that you had zero fatalities in last 12 months? Yes / No

8.11 Do you have emergency & evacuation procedures and facilities in your organisation? Yes / No

8.12 Do you or your sub-suppliers use any of the following substances in your manufacturing, packaging and shipping processes?

a) Polychlorinated Biphenyls (PCB) : No

b) Chlorofluorocarbons (CFC) : No

c) Asbestos or Products containing asbestos : No

d) Substances classified as GHS category 1 carcinogen: No

(Please provide details in case of "Yes") (GHS = Global Harmonised Standards)

9. Details of major customers and the products supplied to them during the last three years.
(Provide Reference List)

Recently inaugurated

10. Handling and Storage facility:

11. Annual Turn Over for last 3 financial years:

Year			
Value			

(Please provide Audited Balance Sheets)

12. Name and address of the Bankers:

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IFSC Code:

Account Number:

Branch Code:

Branch MICR Code:

Email :

(Refer Annexure II)

Terms & Conditions

1. Please ensure all information is filled in to enable us post your vendor file to our database.
2. Providing information in the "VENDOR REGISTRATION FORM" does not constitute acceptance as an approved & registered vendor. The registration of vendor is at the sole discretion of CONVMECH.
3. Being a registered vendor does not guarantee the receipt of notification for all applicable solicitations or invitation to offer or the award of any purchase contract or award of any invitation for bid or request for proposal or request for qualifications.
4. Vendor is responsible for the content of the information and it is vendor's responsibility to keep all information current and provide any subsequent updates, additional information as and when required and when desired by CONVMECH.
5. CONVMECH. reserves the rights to evaluate the vendor on periodical basis and decide the continuation / discontinuation of business with them based on the evaluation report.
6. Representative of CONVMECH. or their nominated agency has the right to visit vendor's premises for the verification of information with a prior intimation to them.
7. At later stage if it is found that the information furnished is untrue, inaccurate, not current or incomplete, we reserve the right to suspend or terminate the registration and recover the dues (if any) from you.
8. Vendor must be ready to enter into a confidentiality and non disclosure agreement in case enquiries/ Orders are sent to them.

I / We have read the terms & conditions and hereby declare my / our acceptance for the same.

Signature:.....

Seal:

Position:

Date:

Annexure I

I confirm that I _____ is filing return in capacity of individual & I am sole proprietor of _____ concern having PAN _____ & falling under category of Contractor u/s 194C of Income Tax Act. Hence you are requested to deduct my TDS @ 1% U/S 194C as per rules of Income Tax rules.

I undersigned understand that if I don't provide PAN copy, TDS at higher rate will be applicable as per Income Tax Act.

**AUTHORISED SIGNATORY VENDOR WITH CO. SEAL
DATE:**

Annexure II

I hereby declare that details given above are correct and complete. If the transaction is delayed or not affected at all for reason of incomplete or incorrect information, i would not hold CONVMECH responsible. We, further declare that we have already authorised our above named banker to allow CONVMECH to credit our above account by any amounts from time to time by using corporate internet banking facility. I also undertake to bear the charges, if any, levied any time in future by using CINB facility by us

NAME OF THE FIRM:

SIGNATURE OF AUTHORISED SIGNATORY:

NAME:

DESIGNATION:

SEAL:

DATE:

BANK DECLARATION:

This is to certify that the particulars furnished above are correct and complete as per our records
Date:

Signature of Bank Manager

Name & seal:

FOR CONVMECH. INTERNAL USE ONLYStatus of Supplier : New Established

If new supplier/new product, type of Assessment Status:

 By Visit By Registration Form Details By Placing Trial Orders Based on Past ExperienceREMARKS OF THE ASSESSMENT AUTHORITYAssessment Status : APPROVED REJECTED

Signature of Authorized Person: