



SIMON INDIA LTD(SIL)

APPLICATION FOR REGISTRATION AS AN APPROVED VENDOR/CONTRACTOR

Instructions for filling the Registration Form

- Complete information as required in the Registration Form must be provided. If any sought information is not applicable or not relevant, the same may be marked as 'Not Applicable' or '**NA**'.
- Separate sheets may be attached if the space provided is insufficient.
- Separate sheets maybe attached for any additional information not asked in the Registration Form, but the vendor considers it important for registration.
- All attached supporting documents must be listed in Point no. 20.
- All sheets of the Registration Form must be signed & stamped by the authorized signatory.
- Duly filled in and signed & Stamped declaration of the Registration Form along with attachments, may be mailed to SIL Procurement Department at below mentioned address-
- **SIL HEAD OFFICE ADDRESS-**
Simon India Limited
A-36, Mehtab House, Ground Floor,
Mohan Co-operative Industrial Estate,
New Delhi - 110044

Tel: +91-11 42602222|**Fax:** - +91-11-42602220

Email:chandrabhushan.jha@adventz.com;hunny.rastogi@adventz.com;purchase@adventz.com



**APPLICATION FORM FOR REGISTRATION AS AN APPROVED
VENDOR/CONTRACTOR**

1.	Name of the Vendor	
2.	Address for Correspondence	
2.1	Website URL	
2.2	Contact Details : Name of the Contact Person : Telephone : Mobile : Fax : E-mail :	
2.3	Contact Details of CEO/Proprietor: Name of the CEO/Proprietor : Telephone : Mobile : Fax : E-mail :	
3.	Type of Category	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor (Civil/Mech./Elec./Inst.) <input type="checkbox"/> Fabricator <input type="checkbox"/> Service Provider <input type="checkbox"/> Design & Engg. Services/Consultant <input type="checkbox"/> Inspection Agency <input type="checkbox"/> Logistics Provider <input type="checkbox"/> Stockist/Distributor/Dealer/Agent <input type="checkbox"/> Others
4.	Constitution of Company	<input type="checkbox"/> Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt Limited <input type="checkbox"/> Limited <input type="checkbox"/> Others, Pls specify
5.	Registration with MSME unit <input type="radio"/> Yes <input type="radio"/> No (Micro/Small/Medium) If Yes, MSME Registration No. _____ & Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 { Please enclose copy of Relevant Certificate viz. Registration under MSME/NSIC, Authorisation Certificate from Principals for Dealer/Distributorship, etc. }	



6. **Bank Account Details & Copy of Crossed Cheque**

7. **GST Registration No.:**

8. **CIN(Corporate Identification No.):**

9. **Sales Tax Registration details:**

9.1. GST No. (PI attach a copy of Registration Certificate)

9.2. VAT/TIN No. (PI attach a copy of Registration Certificate)

10. **Service Tax Registration No.**(PI attach a copy of Registration Certificate)

11. **PAN No.** (PI attach a copy of PAN Card)

12.	Details of Infrastructure Facilities (Documents to be attached) :
	<input type="checkbox"/> Approx. area of Plant
	<input type="checkbox"/> Organization Structure
	<input type="checkbox"/> Plant & Machinery
	<input type="checkbox"/> Testing Facilities
	<input type="checkbox"/> Measuring Instruments
	<input type="checkbox"/> Customer References
	<input type="checkbox"/> Performance Reports
	<input type="checkbox"/> ISO Certification
	<input type="checkbox"/> OHSAS Certification

13. **Financial Details of previous 3 Financial Years:**

S.No	Financial Year	Turnover

14. Please furnish the acknowledgement of last 3 year of filing last **IT Return and Solvency Certificate.**



15. List of other Clients with whom you are registered for the mentioned category(Sl. no. 3):

S.No.	Name of Clients	Registered for	Years of Supply (if any)
1.			
2.			
3.			

16. Plant Capacity & Utilization

Installed Capacity

Current Capacity Utilization

Spare Capacity

17. General Information:

Adequate Power Backup ☐ Yes ☐ No

Registered with our Group ☐ Yes ☐ No

(If Yes, Specify Company Name)

18. List of Product/Services for which you intend to Register:

S.No.	Major Product/Services
1.	
2.	
3.	

19. List of Enclosures:

S.No.	Document Name & No.	No. of Pages
1.		
2.		
3.		
4.		
5.		
6.		



FOR OFFICE USE ONLY -

The above vendor details entered into SAP

**Entered by Procurement
Finance**

Checked by

DECLARATION

(This Declaration should be completed by the Proprietor, Partner, Director and/or authorized signatory, who has the authority to do so)

I/We.....declare and confirm that the information furnished and attachments submitted with the application are true and correct, to the best of my/our knowledge & belief.

In the event, any information given by me/us is found incorrect/false at any time, I/We understand that our registration will be cancelled without notice and any contract if awarded, shall be terminated forthwith.

I/We undertake to communicate promptly to SIL any change in the conditions or working of the firm.

NAME:

DESIGNATION:

DATE:

PLACE: