



**Ardh Sainik Welfare Trust (Regd.)**

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आओ मिलकर आगे बढ़ें – Let's Share Support and Grow together

अर्द्ध सैनिक कल्याण हेतु दान देने पर टैक्स की छूट – Donation to us is exempted under Section 80 (G) of Income Tax Act.

## **APPLICATION FORM FOR REGISTRATION OF VENDORS**

(Note: The information asked & declaration at the end of form is compulsory to all seeking registration. The Manufacturers have to fill-up all the columns)

1. Name of the Firm

2. Brief Description of the Organization

(i.e., History, Total Area, Present Set-up, Future expansion plans, Depts., Labs, etc)

3. Addresses:

Regd./Head Office	
Branch/Sales office	
Godown Address	
Factory / Workshop	

4. Contacts details

	Rep Name	Office	Branch	Godown	Factory
Telephone No. /Nos.					
Landline/Mobile Nos.					
E-Mail Address					

5. Registration is sought as

MANUFACTURER	TRADER	AUTHORIZED DISTRIBUTER

6. (a) Name of the Mfrs. & Type of Stores (if applicable)
- (b) List of stores for which registration is sought (**Attached as Appendix 'A'**)
- (b) List of distributor / Dealership
7. Letter of authority from Manufacturer as Sole Distributor / Dealer with details of distributorship/ dealership, if applicable.
8. **Kind of Ownership**
- |   |  |
|---|--|
| If a limited Concern, Name & Address of Directors & Managing Director |  |
| If Single Owner, Name & Address of the Proprietor & Manager,          |  |
| If any If partnership, Name & Address of Partners                     |  |
9. **Is your firm registered under?**
- |  |  |
|--|--|
| The Indian Companies Act, 1956 as amended (attach copy of Memorandum & Articles of Association)                |  |
| The Indian Partnership Act, 1932 as amended ( attach Statement in register of firms showing names of Partners) |  |
| Indian Factories Act, 1950 (Registration No. & date to be given) Any other Act                                 |  |
10. **For any further information, person(s) to be contacted with**
- | Name | Designation | Phone (O), (R) | Address |
|------|-------------|----------------|---------|
|      |             |                |         |
11. Sales Tax Registration No. (Attach copies of GST, CST Certificates)
12. Income Tax Registration No (attach latest income Tax clearance Certificate)
13. Reference of Defence /CENTRAL GOVERNMENT ORGANISATIONS Lab/DGS&D/ GOVT. Dept with whom you are already registered, with documentary evidence
14. List of Principal Customers with address

15. Bankers Name, Address, A/c No.

16. Are you providing after sale services? If so, indicate

- (a) Warranty Period
- (b) Scope of Warranty

17. Details of Managerial & Technical Personnel

a) Total no. of employees, Administrative, Technical, QC Inspectors, Skilled – unskilled personnel	
b) The min. requirements, experience & qualification laid down for quality control manager, Supervisors & Inspection staff.	
c) Is any member of your staff a foreigner? If yes, give details	
d) Training Program of Staff	

18. Type of Industry: Small / Medium / Large Scale Industry

In case small Scale Industry, registration No. & date with the Director of Industries with proof.	
In case of Medium Scale/Large Scale Industry, Factory number allotted by the Director General of Technical Development.	

19. Year of commencement of manufacture of stores

20. Manufacturing capacity as approved by Government:

Indicate Industrial License No. & Date, Product & Quantity licensed.	
Annual Turnover for last 3 years (Indicate company's financial year & give estimated value for current year	

21. Is environment clearance obtained & from which authority (if applicable)

22. Details of stores under production or development

Present monthly productions (give no of daily shifts)	
Spare capacity available	
Future plan for development	
Basic research programme in hand	

23. Has your product been tested by any agency? If so, Indicate details  
(Copies of quality approval/test certificate/test reports may be enclosed in duplicate)
24. Whether firm is ISO certified or having any other certification?  
If so, mention the standards

25. Foreign collaboration if any:

Indicate Product, Name & Address of the Collaborator.	
Year of Collaboration, whether current or not	

26. Details of Items for which patent right of the firm exist.
27. Details of test facilities by way of equipment/instruments held by you
28. Inspection and quality control of finished products Available test equipment & facilities in the factory Assistance from external agencies

### **DECLARATION**

1. We \_\_\_\_\_ (Name of Partner/ Proprietor or share holder) do hereby declare that the entries made in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney.

2. We also undertake the responsibility to inform all subsequent changes in the constitution OR working of firm, affecting the accuracy of the answers now given will be promptly communicated to your Organization.

3. Mr. \_\_\_\_\_ whose signatures are given below is an authorized representative of this firm.

\_\_\_\_\_

(Specimen signatures of firm's authorized representative)

**Place:**  
**Date:**

**SIGNATURE OF AUTHORISED SIGNATORY  
(WITH FIRM'S SEAL)**

Firm Product and price list – Ardh Sainik Canteen Store (ASC)

FIRM NAME :					GSTN	Firm			
Firm Address						Supply Source			
BRAND NAME :					E-mail :				
NAME OF FIRM REPRESENTATIVE AND CONTACT DETAILS:-									
Sr No	Nomenclature	No. Of Unit Per Case	GST%	MRP Per Unit	HSN Code	Rates offered per Unit	% of discount offered per Unit	Rate agreed by ASC	%Discount agreed after Negotiation
1	2	3	4	6	8	9	10	11	12
1									
2									
3									
4									
5									
6									
7									
8									
9									