

**DEPARTMENT OF AGRARIAN DEVELOPMENT
SUPPLIERS / CONTRACTORS REGISTRATION FORM
FOR VEHICLE REPAIR SERVICES (Garaj Services)**

Section 1: Category of Supply or Service for which registration is sought

Category Code/Codes	
Category Name/Names	

Section 2: Details of the Business and General Information

I. Name of the Institute:

Office Address:

District:

II. Contact Person and Designation

.....

.....

Tel No:

Fax:

Email:

Web site:

III. Type of Business (mark only one):

Corporate / Limited		Partnership		Sole Proprietorship		Other (specify)	
---------------------	--	-------------	--	---------------------	--	-----------------	--

- IV. Business Registration Number & Date:
 (Please attach a Photocopy of the Certificate)
- V. Number of Full-time Employees:
- VI. VAT Registration Number:
 (Please attach a certified Photocopy of the Certificate)

Section 3: Financial Information

I. Annual Total Sales and Profit for last 3 years:

Year	2018	2019	2020
Annual Sales			
Annual Profit			

II. Bank Name:
 Address:
 Bank Account Number:

III. Please attach minimum of Five (5) reference sources for services rendered by your firm within the Year 2020 / 2021. Please also indicate contact details of the reference sources so that the Department can contact them as and when required.

No	Name of Company / Institute	Address	Telephone No.	Fax No.
1.				
2.				
3.				
4.				
5.				

Section 4: Other

I. Whether your institution has an Insurance Coverage? Yes or No

If yes,

a. What Institute / Company, the Insurance Coverage has been obtained?

.....

b. Fields of Coverage

c. Validity Period of Coverage

II. Certification:

I / We, the undersigned, certify that the information provided in this form is true and correct and I / We know, in any time when that information is false or incorrect, it will be a reason to cancel my / our registration. In the event of any changes to the above details, I will inform you as soon as possible.

Name:..... Designation:

Signature :Date :

Company Seal