

HEADQUARTERS COAST GUARD REGION(NE), KOLKATA
FORM FOR REGISTRATION OF VENDORS/SUPPLIERS

1. Name of the firm/company : _____
2. (a) Head Office / Registered Office : _____

- Telephone No. : _____
- Fax No. : _____
- Web site (if any) / E-mail : _____
- Date of Establishment : _____
- (b) Any branch office in Kolkata : _____
- Telephone / Fax No. : _____
3. Name of Chief Executive/Proprietor /Partner : _____
- Telephone number/Mob No. : _____
4. Name of Contact person : _____
- Telephone / Mobile No. : _____

5. Type of organization (Tick as applicable)

DOCUMENTS TO BE ENCLOSED WITH APPLICATION

- (a) Proprietary Trade License
- (b) Partnership Partnership deed, Trade License
- (c) Private Limited Company Memorandum of Article Certificate of
- (d) Public Limited Company Registration, Trade License.
- (e) Public Sector

6. Nature of Business (Tick as applicable) :

- Manufacturing Dealership Fabrication
- Stockiest Indian Agent Indian Branch
of OEM of OEM
- Supplier Others(Pls specify) _____

7. Class/ Type of product /Materials manufactured /Sold /Dealer/Fabricated:
(Tick as applicable)

- | | | | | | |
|--|--------------------------|----------------------------|--------------------------|--|--------------------------|
| Nav & Comm Equipment | <input type="checkbox"/> | Electronics | <input type="checkbox"/> | Gen Elect items/spares | <input type="checkbox"/> |
| General Engg items/spares
(incl CPP, shafting, gauges) | <input type="checkbox"/> | Heavy motors | <input type="checkbox"/> | Seamanship Gears | <input type="checkbox"/> |
| Mariner's Instruments | <input type="checkbox"/> | Computer/IT | <input type="checkbox"/> | Diving Equipment
(Comprs, OBMs, diving gears) | <input type="checkbox"/> |
| General Paints | <input type="checkbox"/> | Ropes | <input type="checkbox"/> | Crockery/Messtraps | <input type="checkbox"/> |
| Clothing items
(incl Uniform items) | <input type="checkbox"/> | Furnishing | <input type="checkbox"/> | Medical/surgical items | <input type="checkbox"/> |
| Surveillance Equipment | <input type="checkbox"/> | Gases | <input type="checkbox"/> | Tyres and MT spares | <input type="checkbox"/> |
| Office automation items | <input type="checkbox"/> | Deck fittings | <input type="checkbox"/> | Gemini crafts | <input type="checkbox"/> |
| Damage control, fire fighting and life saving items
(SOLAS sets, fire extinguishers AFPS suits inflatable life jackets etc) | <input type="checkbox"/> | | | | |
| Lubricants | <input type="checkbox"/> | General Naval stores items | <input type="checkbox"/> | | |

Others (Please specify) _____

8. Annual turnover during last 3 years (Rs.Lakhs)
(Enclose balance sheet for last 3 years):-

- (a) 2013-14 _____
(b) 2014-15 _____
(c) 2015-16 _____

9. Compliance Rate (in percentage for last 3 years) :

- (a) Supply order materialized with in delivery schedule : _____
(b) Supply order materialized on part payment basis : _____
(c) Supply order cancelled on account of expiry of Delivery schedule : _____

10. Commercial information registration (**Enclose attested copies**):

- (a) CST Regn. No. : _____
(b) State ST Regn. No.: _____
(c) TIN No. : _____
(d) Excise Centre No. : _____
(e) Trade License No. : _____

