



## Vendor Registration Form

### Company Details and General Information

Name of Company:

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Address:

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Phone Number/s \_\_\_\_\_

Fax No/s \_\_\_\_\_

Email ID \_\_\_\_\_

Year of Establishment \_\_\_\_\_

Type of Company       Proprietary       Partnership       Pvt. Ltd.  
    Limited                       Any Other (If yes, Please specify)

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Type of Business/Commodity Service

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Details on Services or Goods Your Company Supplies

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Have You Previously Done Business with MCM DAV College for Women

Yes       No

Name & Title of Company Representative

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Direct E-mail Address of Company Representative

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Contact of Company Representative

Direct Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Banking Information

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Bank Account No. \_\_\_\_\_ IFSC \_\_\_\_\_

Aadhar Card No \_\_\_\_\_ PAN No. \_\_\_\_\_

Note : Please include brief profile, work experience, annual turnover of company.

Date

Name, Signature and Seal of Company