Grid Controller of India Limited

Application for Registration as Empaneled Supplier (Indian Suppliers)

Ref: (Office Use Only)

Complete all sections of the form, sign the declaration and send the completed form and attachments in an envelope marked 'Application for Registration as Empaneled Supplier'

To:

HR Department, Corporate Centre, Grid Controller of India Limited. 61, IFCI Tower, 9th Floor, Nehru Place, New Delhi-110019

All columns in this form may be **filled** up. If applicant has no information to give on a particular column, "Nil" may be mentioned. In case of columns not relevant in your case, "Not Applicable" may be mentioned. No column should be left blank.

Section 1: Applicant Particulars

Registration Category	□ Std □ Sm □ Pu □ Go □ Co	ockist/ nall So blic So ovt. De onsortion hers (I	Equipment Ma Distributor Cale Industry ector Unit Eptt. um / State/ Go Please mentior rs & Ancillary U	ovt. Agenci า)	ies		this form)
Name of the	(000 00	liaoto	10 0 7 11 10 11 12 1 7	<u> </u>	0000	d to apply c	1110 101111
Individual/ Firm/							
Company:							
Constitution or Legal							
status				1		_	
Registration			Registering:			Date of	
Number:			Authority			Registration	
Registered Address							
Office:							
GeM seller Id							
Address of							
Factory							
O to d Donne							
Contact Person							
Name and Designation:							
Address for							
Correspondence:							
Tel. No.				Fax No.	1		
Mobile No				Email			
				Address:			

Section 2: Applicant profile

2.1	Type of Ownership:				
	Individual	Partnership		Ltd. Co	ompany (Pvt./
	PSU/ Govt. Undertakin	g Research Institu	ute	Trust	
	Joint Venture or other tie Management	e-up for technology, equip	ment, finan	_	and/or Project lease specify)
	Other, please specify				
•	Association/ JV Agreer	in case of individual) / Panent/ Certificate of incor by Chartered Accountai	poration/ C		
2.2	(a) Are you a small scal	e Industry registered with	the N.S.I.C	?? Ye	s / No
	If yes, please er	nclose copy of NSIC Com	petency/ Ca	apacity certif	icate.
	(b) Are you an MSME vo	endor/seller?		Ye	s / No
	If yes, please er	nclose copy of Udyam Re	gistration C	ertificate.	
	(c) Do you have ISO 90	00/9001/9002 certification	1?	Ye	s / No
	If yes, please sp	ecify & indicate validity:			
		ecify & indicate validity: on by other accredited ins	titutions, ple	ease give de	tails: -
			•		tails: - Valid up to (date)
	(d) In case of certification	on by other accredited ins	•		
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	(d) In case of certification Institution (e) Give details of regist DGS & D/ PSUs/ Certification	Type of Cert ration, if any, with GRID-Intral/State Govt. /Major P	fication NDIA or its rivate Institu	Divisions (S	Valid up to (date) Decify Division)/ s (Specify): Class/ Type of
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• Attach necessary certificates from the registering authorities.

separa	te details for e	each unit:			
Fact	ory or Office	Location			ea in Square eters
Give a	list of your m	ajor products / services, you	intend to	offer as a suppl	ier:
SI. No.	Major Produ	ucts / Services			Are you Origin Equipment Manufacturer for listed produ
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
• F	Please enclos	e your Company/ Product C	atalogues		
Give a	List of your n	najor Customers			
SI. No.	Customer's	Name & Address		Serial No. of the Service (from page to the Custome	oara 2.3) provide

Please attach Proof in the form of Purchase Order copies/ Invoice etc.

2.3 Give the floor area of your factory and Offices. If you own more than one factory, please give

Owners, Promote Director Secreta	f the / Partners/ er & s/ Company ry/ Holder of of Attorney	Address	Whether Owner Partner/ Promo Director/ Comp Secretary/ Hol Power of Attor	oter/ cany der of	Extent of shareholdin the Firm/Compa the case ma	any as
		ses of all associate	ed, subsidiary & hold Nature of Bu			
Compar	ny Name A		Nature of Bu		Relationship Applicant	WILLI
ection 3: Fina	ancial details					
1 Annual Tui	rnover in the p	oast 3 years:				
Year		2022-23	2021-22	202	20-21	
Annual (Rs. Lak	Turn-over khs)					
Profit/ Lo (Rs. Lak						
Attach the	place a tick m		nents, as applicable, ate column as confirr			
years and	o documento v			1	20.24	
years and	s documents v	2022-23	2021-22	202	20-21	
years and appropriate		2022-23	2021-22	202	20-21	

2.6 List the names of Owners/ Partners/Promoters and Directors/ Company Secretary/ Holder

Before the assessment of this application can be completed, a representative from GRID-INDIA may contact you concerning the financial and technical information that you provide. Your co-operation is required to assist in the assessment process. Failure to co-operate may affect registration.

The assessment report is specifically for use by GRID-INDIA for the purpose of assessing Suppliers for registration, and will be treated as strictly confidential.

3.3 Bank(s) details:

Will you authorize your Bank/s to su a reference as to your financial position	YES /	NO
Name of Bank (Scheduled Commercial Bank) & Branch		
Name and Designation of Contact Person:		
Address:		
Tel No:		

3.4 Details of Income Tax assessed, as per clearance Certificate, in the last 3 years:

Year	2022-23	2021-22	2020-21
Amount Assessed (Rs. Lakhs)			
Amount paid/ payable (Rs. Lakhs)			

25	CST	/Sales	Tav/\	/AT	Details:
ວ.ວ	GOI	/Sales	Tax/ \	v A I	Details.

Central GST/sales Tax Registration No.:	
State GST/Sales Tax/ VAT registration No.:	

Details of GST/Sales Tax/ VAT assessed, as per clearance Certificate, in the last 3 years:

Year	2022-23	2021-22	2020-21
Amount Assessed (Rs. Lakhs)			
Amount paid/ payable (Rs. Lakhs)			

In the last 3 years, has your firm, or any firm with which any of your company's owners, officers or partners were associated, been debarred, disqualified, removed, business dealings banned or otherwise prevented from bidding?

YES/NO

If yes, State the reference to Customer and their orders and the basis for the action.

Details Of DD SU	bmitted is:-		
DD No.	Issuing Bank and Branch	Date	Amount (₹)
	Dianen		
Please provide a GRID-INDIA.	ny additional information,	which will help y	ou in securing registration with
DECLARATION:			
	n should be completed last the authority to do so.)	by a proprietor	r, partner, director or other seni
l/We declare and	,		
	NDIA Conditions of Regist	tration are acce	ntahle
	•		ication are true and correct.
	_	•	erein will result in the rejection of n
• •	and cancellation of any reg	_	ea.
u. I/VVE SHAIL	be bound by the acts o	of duly constitu	ited attorney who has signed th
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