



मुरगांव पत्तन न्यास-चिकित्सा विभाग
MORMUGAO PORT TRUST-MEDICAL DEPARTMENT
मेडिकल प्रापण तथा भंडार
MEDICAL PROCUREMENT & STORES

VENDOR REGISTRATION FORM / VENDOR REGISTRATION UP-DATING FORM

FOR AUTHORISED DEALERS, DISTRIBUTORS & STOCKIST OF REPUTED PHARMACEUTICAL COMPANIES

Sr. No	Details	To be filled by the vendors
1	Name of the Firm / Company	
2	Nature of Business - Whether Manufacturer / Authorised Dealer /Distributor / Stockist	
3	The Registration is sought for :(Kindly indicate) Whether for supply of (i) Allopathic Medicines (ii) Ayurvedic Medicines (iii) Pathology items (iv) Surgical items or all items together.	
3 a	Address of the Main firm	
b	Name of the Proprietor./Owner	
c	Phone & Fax No.	
d	E-mail:	
4 a	Address of Office for all Official Correspondence.	
b	Name of the authorised contact Person	
c	Phone & Fax No.	
d	E-mail .	
6	Whether Public Limited/Private Limited/Partnership/or Proprietary concern	
7	Names of Directors / Partners / Proprietor	
8	Whether your firm is Registered under	
a	Small Scale Industries/NSIC/DGTD, Give details such as Regn. No. Date etc. with Photostat copy.	



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Sr. No	Details	To be filled by the vendors
b	Partnership, state whether Regd. under Indian Partnership Act, please give details.	
c	Indian Factories Act, Please give details.	
d	With any Govt. Undertaking/dept. If so attach Photostat copy of registration.	
e	Factory Licence No./Shop Establishment Act. Certificate/Registrar of firms certificate/Register of Company Incorporation Certificate (with Photostat copy)	
f	FDA. kindly furnish valid certificate of registration	
9	a Local Sales Tax Regn. No. with Photostat copy.	
	b CST Regn. No. with Photostat copy.	
	c Attach latest ST Clearance Certificate	
11	a Income Tax Permanent Account No.	
	b Attach Photostat copy of valid Income Tax.	
12	Attach Memorandum/Articles of Assn. Partnership deed if applicable.	
13	a Attach last year's Annual Report.	
	b Balance Sheet (Photostat copy)	
14	a Bank details :	This details to be furnished as per format at annexure-A
16	Approx. Annual Turnover in last three years (each year to be shown separately)	



ANNEXURE G-1
मुरगांव पत्तन न्यास-चिकित्सा विभाग
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Sr. No	Details	To be filled by the vendors
19	a If an authorised Dealers/Stockist/Sole Selling Agent/item under authorised Agency/Attach photostat copy of Authorised Agency Agreement)	
20	Date of commencement of Business.	
21	a Major orders executed for Govt./Semi. Govt. Dept Public Sector Undertaking attach details of order No. Date, Value etc.	Attach Xerox copies of five recent major Orders
	b Attach performance report from atleast three of your major customers.	

DECLARATION THE APPLICANT FIRM

I/We hereby declare that the information furnished above is correct and true to the best of my/our knowledge and belief. I/We confirm that our Proprietor/Partner/Directors are not associated with any firm with which the business has been banned by the Central/State Govt. Dept./Public Sector Undertaking (Central/State Govt.)

SEAL OF COMPANY

Signature of the vendor/Bidder

Name(in Block Letter) :

Designation:

Place:

Date:

Notes: (a) Complete & definite answers must be given in the space provided, incase if it is not sufficient, extra sheet may be attached as enclosure. (b) The registration format duly filled complete in all respect (in a file) should be address to for evaluation and consideration. (C) DD for Rs. 500/- (Non - refundable) in favour of FA & CAO, Mormugao Port Trust, Headland Sada, Goa as processing fee should accompany alongwith the Registration Form. (only for new registrations) (d) Kindly contact Dy. Materials Manager, or CMO for clarification of any queries/doubts.

FOR OFFICE USE

Recommendations of AMM/E.O (Stores)

Dy.MM

Chief Medical Officer

Vendor Number Allotted