

NAME OF THE VENDOR IN FULL :						
ADDRESS		TELEPHONE(S)	TELEGRAM	TELEX	FAX	CONTACT PERSON(S) WITH DESIGNATION
LOCAL OFFICE						
HEAD OFFICE						
WORKS						
BRANCHES ABROAD						
MANPOWER EMPLOYED		YEAR OF ESTABLISHMENT :		TOTAL CAPITAL EMPLOYED		
INCOME TAX PERM. A/C. NO.				ANNUAL SALES TURNOVER FOR LAST 3 YRS		
C.S.T. NO.		S.T.NO.		YEAR		
COMPANY REGN.NO. & DATE				Rs.(in lakhs)		
ITEMS MANUFACTURED / INTERESTED IN SUPPLYING		SERVICES INTERESTED IN OFFERING		NAME & ADDRESS OF BANKER		
				BANK A/C. NO.		
TYPE OF COMPANY (PLEASE ✓ AS APPLICABLE)				TYPE OF BUSINESS (PLEASE ✓ AS APPLICABLE)		
<input type="checkbox"/> PVT. LTD		<input type="checkbox"/> PUBLIC LTD		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> MANUFACTURER
<input type="checkbox"/> PROPRIETARY		<input type="checkbox"/> GOVT. ORGANISATION		<input type="checkbox"/> DISTRIBUTOR		<input type="checkbox"/> RETAILER
						<input type="checkbox"/> AGENT
						<input type="checkbox"/> STOCKIST
REPUTED COMPANIES & GOVT. DEPTS WITH DETAILS OF ORDERS EXECUTED (PLEASE ATTACH LIST, IF REQUIRED)						
DGFT'S IMPORTER / EXPORTER CODE NO & DT.				RBI CODE NO & DT		
ANY OTHER DETAILS (ATTACH SEPARATE SHEET) INDICATING COLLABORATORS / ASSOCIATES ETC.						
ENCLOSURES (COPIES) (PLEASE ✓ AS APPLICABLE)		<input type="checkbox"/> CERT. OF INCORPORATION		<input type="checkbox"/> SSI UNIT REGN.		<input type="checkbox"/> INCOME TAX CLEARANCE CERT.
		<input type="checkbox"/> AUTHORISATION FROM PRINCIPAL FOR AGENCY ETC				FOR LAST 5 YRS.
DECLARATION BY DIRECTOR / PARTNER / PROPRIETOR						
I declare that the information furnished above is correct to the best of my knowledge. I undertake to inform ADA at the earliest any change in details mentioned above.						
SEAL OF THE COMPANY :				SIGNATURE & DATE		
				NAME & DESIGNATION		

FOR OFFICE USE ONLY

VENDOR CODE	CATEGORY CODE/DETAILS:
DATE OF REGN.	DATE OF DELISTING :
REMARKS	APPROVED / NOT APPROVED BY :