



BIECCO LAWRIE LIMITED

(An ISO 9001:2000 Certified Company)

For (Tick the relevant)

VENDOR REGISTRATION

ISO RECORD NO. :

PUR OR 001

Vendor Regn. No. :

(To be given by the Company)

Switchgear	Info.Mgmt.	Elec.Rep.	Project	Admin.

1. Name of Supplier :

2. Address :

	Registered Office	Head Office	Factory
Contact Person :			
Designation :			
E-mail Address :			
Fax No. :			
Telephone No. :			
Mobile No. :			
Website Address :			

3. PAN No. :

4. Type of Organisation:

(Tick relevant)

PSU Central	<input type="checkbox"/>
SSI National (NSSI)	<input type="checkbox"/>
Proprietary	<input type="checkbox"/>
Private Ltd.	<input type="checkbox"/>

PSU State	<input type="checkbox"/>
SSI State	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Public Ltd.	<input type="checkbox"/>

Dealer/Distributor	<input type="checkbox"/>
Co-op. Society	<input type="checkbox"/>
Hindu Undivided	<input type="checkbox"/>
Agent	<input type="checkbox"/>

5. Sales Tax :

(Attach Certificate)

a) VAT Registration No. :

b) CST No. :

c) WBST No. :

6. Excise Registration :

(Attach Certificate)

a) Excise Registration No.

b) Excise Range

c) Commissionerate

d) Division

e) ECC No.

7. Service Tax Registration No. :

(Attach Certificate)



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8. ESI Registration No./Code No. :

9. PF Registration No. :

10. Trade License No. (Attach copy):

Issued by :

Validity of the license :

11. DGS&D Approved or not (Y/N) :

If yes, Registration No. (attach copy):

Validity :

Item :

12. Name/Type of Business :

Factory License No. :

Renewed up to :

13. Main Product(s)

Range :

Capacity :

In case of Dealership give details in Sl.No.14

14. Details of Dealership :

Name of the original manufacturer

Contact person

Designation

E-mail

Fax No.

Telephone No.

Mobile No.

Website

15. Plant & Machinery :



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16. Manpower

Category	Nos.	Average Qualification
Officer		
Staff		
Inspector		
Skilled Workmen		
Semi-skilled Workmen		
Un-skilled Workmen		

17. Instruments for Inspection

Instruments	No.	Date of Calibra-	Calibrating Agency

18. Availability of Jigs, Fixtures, Moulds, Tools, Gauges etc.

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19. Banker's Name & Address

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20. Business Turnover for last 3 years

Year

Amount (Rs./Lakhs)

21. Major Customer(s) & references
(Attach separate sheet(s), if required)

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22. Major Project(s) completed during last 3 years *(Attach separate sheet(s), if required)*

23. Details of Annual Maintenance Contact executed during last 3 years *(Attach separate sheet(s), if required)*

24. Details of LabourContact/ Service Jobs executed during last 3 years *(Attach separate sheet(s), if required)*

25. Disputes, if any, with Customers

26. Income Tax Clearance position *(attach last three years IT Return)*

27. Whether ISO 9000 / equivalent Quality System Standard Certified

28. Other remarks

29 Signature: _____ Date: _____

Full Name in Block Capital _____

Designation _____

For & on behalf of _____

Seal

FOR OFFICE USE ONLY

Recommendation of the Inspecting Officer

	Signature
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APPROVED BY

Joint Approving Authority (Purchase Department)	Joint Approving Authority (Quality Control & Testing Department)
Remarks	Remarks
Signature with Date	Signature with Date