

VENDOR REGISTRATION FORMAT

THE SINGARENI COLLIERIES COMPANY LIMITED
(A GOVERNMENT COMPANY)

CORPORATE PURCHASE DEPARTMENT

P.O: KOTHAGUDEM COLLIERIES
District- Khammam
Andhra Pradesh, India

E-Mail : gm_pd@scclmines.com
Telefax : 91-08744-245651
Telephone : 91-08744-243109
EPABX : 242301 Extn.422,423
Telex : 0423-205 SCCL IN
Grams : 'MANAGER'

Ref. No. PD/

Date:

TO

Sir,

Sub: Registration of suppliers-Regarding.

Ref:

With reference to the above, kindly furnish the details called for in the VENDOR REGISTRATION APPLICATION.

You should produce in support of your application, the following.

1. Income-Tax Clearance Certificate. } Latest
2. Sales Tax Clearance Certificate. }
3. Photostat copy of the Factory Registration/SSI/NSIC.
4. Profit and Loss Account } as certified by the chartered
5. Balance Sheet } accountant for PAST 3 YEARS:
6. List of Machinery installed as Certified by Chartered Engineer.
7. List of products manufactured and Technical Specification details.

Registration will be done solely at our discretion.

Yours faithfully,
for SINGARENI COLLIERIES COMPANY LIMITED.

CGM / G.M.(PURCHASE)

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VENDOR REGISTRATION APPLICATION

PART-I

(TO BE FILLED IN BY ALL VENDORS)

I. CLASSIFICATION OF VENDOR

☐ MANUFACTURER ☐ PROPRIETORY DEALER ☐ AUTHORISED SELLING AGENT
☐ FABRICATOR ☐ AUTHORISED DISTRIBUTOR

II. Name of the firm
Address for service

Telegrams:
Telephone:
Telex:
Fax:

Post Box No.

Pin code No.

III. Name of authorised area (Local)
Dealer.
Address for service

Telegrams:
Telephone:
Telex:
Fax:

IV. Type of company and year of incorporation:

☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Co-operative ☐ Joint Sector ☐ Others

V. Foreign collaboration :
(furnish details in a separate sheet)

YES/NO

VI. LICENCED CAPACITY.

PART-II

VII. Name of the Bankers :
Branch :
Pin code No. :

VIII. Registration with and number

☐ S.S.I. ☐ N.S.I.C ☐ DEPT. OF INDUSTRIES ☐ D.G.S.D ☐ RAILWAYS
☐ LLOYD'S INSPECTION ☐ C.S.T ☐ A.P.G.S.T ☐ I.T. CLEARANCE NO. ☐ EXCISE DUTY

IX. Firms/Customers for Previous supplies
(Furnish details of purchase order and performance certificate)

- a) S C C L
- b) Other Public Sector Companies
- c) Private firms
- d) Exports

Date:
(Enclose copy of certificate)

Signature

EXISTING FACILITIES:

- a) Manufacturing
- b) Repair
- c) Testing
- d) Inspection

Is R&D facility available
(furnish details in a separate sheet)

YES/NO

Is after sales service organisation maintained :

Whether spares maintained

Date:

Signature

PART- II

(To be filled in by Manufacturers / Repairers)

SECTION - I

Location of Works.

Nearest Railway Station.

Godown / ware house facility.

No. of executives

No. of supervisors

No. of workmen (skilled)

Connected power load:-

H.P.
KW

Capacity of stand by diesel generating set

To what specification are the equipment,
materials manufactured (ISI, BS, DIN etc.)

Whether ISO certification is available.
(Enclose copy of certificate)

EXISTING FACILITIES:

- a) Manufacturing
- b) Repair
- c) Testing
- d) Inspection

Is R&D facility available
(furnish details in a separate sheet)

YES/NO

Is after sales service organisation maintained :

Whether spares maintained

Date:

Signature

SECTION - II.

(To be filled in by Dealer)

Is an authorised selling agent

YES/NO (if Yes, fill in details below)

Name of the Principal:

(NOTE: Photostat copy from the principal should be enclosed)

Products represented

(List of products to be attached separately).

Whether sole agency operating

in a specified territory

Number of branches and their location.

Date:

SIGNATURE

(TO BE FILLED IN BY SCCL)

- (i) List of products identified for registration.
- (ii) Inspecting Officers Names & Designation
- (iii) Items recommended for Registration.

CGM/G.M.(PURCHASE) DY.G.M.(F&A) (PD) AGM (E&M)(PD) / AGM (PD)
(Signature of Committee Members)

Approved

DIRECTOR (OPERATIONS)

Vendor Code :

Product Code: