



# Central University of Bihar

Group Office: 801 Campus, P.O. S.T. College, Patna

## (STORE & PURCHASE SECTION)

### Supplier Registration Form

- Firm's Name : \_\_\_\_\_
- Owner's Name : \_\_\_\_\_
- Full Postal Address : 1. \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_
- E-mail address : \_\_\_\_\_
- Website address : \_\_\_\_\_
- Contact Person's Name : \_\_\_\_\_
- Contact No. : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
- Fax No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Sales Tax Registration No. : Bihar VAT No. \_\_\_\_\_ CST No. \_\_\_\_\_  
(Enclose Xerox copy)
- PAN : \_\_\_\_\_ (Enclose Xerox copy)
- Shop Act Registration No. : \_\_\_\_\_ (Enclose Xerox Copy)
- Excise Registration No. : \_\_\_\_\_ (Enclose Xerox copy)
- Service Tax Registration No. \_\_\_\_\_
- Current Bank Name & Account No. : \_\_\_\_\_  
(Statement of last twelve months should be enclosed)
- Manufacturer or Supplier : \_\_\_\_\_  
(In case of supplier please enclose authorization of your Principal)
- List of the organizations to whom the materials have been supplied  
(Enclose the Xerox of Recent Purchase Orders)
- Item(s) name you want to supply: (Major category)  
Computer  Furniture  Chemical  Glasses   
Electronic  Linen  Medicines  Scientific Equip.  
Stationery   
Other Category (Please mention the category)

**Signature with Seal**

**Note: Supplier must print CRT/BRT/TIN No. on their Letter Head/Bill/Quotations.**