



Central University of Bihar

Group office: 8th 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 Glassware
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.