Central University of Bihar

Camp office- BIT Campus, P.O- B.V 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:_____
- Sale Tax Registration No. : Bihar VAT No._____ CST No. _____

  (Enclosed 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 ☐ Liveries ☐ Medicines ☐ Scientific Equip.

Stationery ☐

Other Category (Please mention the category) _____

Signature with Seal

Note: Supplier must print CST/BST/TIN No. on their Letter Head/Bill/Quotations.