

## Central University of Bihar Camp office- BIT Campus, P.O- B.V College, Patna

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 Nam	ne:	
• 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 Registrati	on No:	
• Current Bank Name 8	& Account No. :	
(Statement of last two	elve months should be en	closed)
Manufacturer or Supplier :		
(In case of supplier please enclose authorization of your Principal)		
• List of the organization	ns to whom the material	s have been supplied
(Enclose the Xerox of	Recent Purchase Orders	3)
• Item(s) name you war	nt to supply: (Major categ	ory)
Computer  Fur	niture Chemica	1 Glassware
Electronic   Liv	eries Medicines	Scientific Equip.
Stationery		
Other Category (Please men	tion the category)	

Signature with Seal

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