



STEEL AUTHORITY OF INDIA LTD

(Name of the Plant/Unit)

MATERIALS MANAGEMENT DEPARTMENT

(Complete Postal Address)

**REQUEST FOR ISSUE OF APPLICATION FORM
FOR REGISTRATION OF INDIGENOUS VENDOR**

1.1 Name of the Firm/Company: _____

1.2 Address: _____

STD Code _____ Phone No. _____ Fax No. _____

Email ID _____ Website _____

1.3 Registered Office: _____

STD Code _____ Phone No. _____ Fax No. _____

1.4 Category of Items for which registration is intended:

1.5 Whether Manufacturer/ Authorized Stockist/ Dealer/
Trader (with name of the Manufacturer)

1.6 Whether SSI Yes/No

ISO Accredited Yes/No

BIS Licensee Yes/No

1.7 Whether registered with other SAIL Plants/Units and/or PSUs
If yes, please indicate name and registration number, validity
and categories of items for which registered:

1.8 Names of Major Customers

1.9 Turn over during last 3 years

Signature _____

Name _____

Designation _____

Please mail this form to the address given on top of this form

Form Serial No. _____



STEEL AUTHORITY OF INDIA LIMITED

(Name of Plant/Unit)

MATERIALS MANAGEMENT DEPARTMENT

(Complete Postal Address)

APPLICATION FOR REGISTRATION OF VENDOR

NON-TRANSFERABLE

IMPORTANT

- NOTE:
1. The form should be signed by Proprietor/Partner/Director/Company Secretary.
 2. Incomplete forms or forms received without the required enclosures shall be rejected.
 3. Enlistment of any firm is done entirely at the discretion of (Name of the Plant/Unit)/SAIL and (Name of the Plant/Unit)/SAIL reserves the right to reject any application without assigning any reason.

ANNEXURE B-II
(CONTD)

Form Serial No. _____



STEEL AUTHORITY OF INDIA LIMITED

(Name of Plant/Unit)

MATERIALS MANAGEMENT DEPARTMENT

APPLICATION FOR REGISTRATION OF INDIGENOUS VENDORS

GENERAL INFORMATION

The application form duly filled in all respects, together with all the required enclosures must be submitted within 90 days from the date of issue, failing which the case may be treated as closed.

A sum of Rs 5,000/- (rupees five thousand) only, non-refundable, on account of processing fee, is required to be sent in the form of A/c Payee Demand Draft or Pay Order drawn in favour of Steel Authority of India Ltd/(Name of the Plant/Unit), payable at (Name of the City), drawn on a Scheduled Bank.

DETAILS OF CATEGORY OF ITEMS FOR WHICH THE REGISTRATION IS DESIRED

Sl.No.	Item(s) details
1.	
2.	
3.	

OTHER DETAILS

1.1 GENERAL

Name of the firm/company _____

1.2 Address

STD Code: _____ Phone: _____ Fax: _____
E-mail: _____ Website: _____

Registered Office Address

STD Code: _____ Phone: _____ Fax: _____
E-mail: _____ Website: _____

ANNEXURE B-II
(CONTD)

1.3 Name & designation of Chief Executive

1.3.1 Name & designation of contact person

Phone No. (Office) _____ (Residence) _____

Mobile No. _____

1.4 Constitution of the firm _____
(Public Ltd Co/Private Ltd Co/Partnership/Proprietorship/Joint Sector/
Cooperative)

Please enclose:

a) In case of Limited companies, an attested copy each of:

i) Memorandum of Articles of Association

ii) Certificate of Incorporation

b) In case of Partnership:

i) Attested copy of Partnership Deed

c) In case of Proprietorship/Joint Sector/Cooperative:

i) Attested copy of Registration Certificate

1.5 Statutory Registration (attested copies to be enclosed)

1.5.1 Your CST Registration No. _____

1.5.2 Your State ST/VAT Registration No. _____

1.5.3 Your Excise Control Code _____

1.5.4 Trade License No. _____

1.5.5 Service Tax Registration No., wherever applicable _____

1.5.6 PAN _____

ANNEXURE B-II
(CONTD)

2. TECHNICAL

2.1 If manufacturer:

2.1.1 Registration applied for:

Sl.No.	Item	Capacity
1.		
2.		

2.1.2 Full address of the factory/workshop owned by you:
Give details of machinery erected and functioning in Appendix.

2.1.3 Are you authorized to use ISI mark? Yes / No
If yes, attach attested copies of authorization for each item.

2.1.4 Are you ISO accredited? Yes / No
If yes, attach attested copies of the Certificate.

2.1.5 Are you an SSI unit? Yes / No
If yes, please enclose attested documentary evidence.

2.2 If authorized dealer/trader:

2.2.1 Give name of items with which you are dealing _____
Please enclose attested copy of the Dealership Certificate with validity period

3. QUALITY CONTROL/INSPECTION FACILITIES, please give details in the enclosed **Appendix**.

4. FINANCIAL POSITION

4.1 Name and address of your bankers and account Nos. with MICR No.

4.2 Balance sheet for the previous year

4.3 Profit & Loss statement for the previous year

5. REFERENCES OF YOUR MAJOR CUSTOMERS

a)

b)

c)

ANNEXURE B-II
(CONTD)

6. PROCESSING FEE

Details of Demand Draft:

Bank & Branch _____

No. & Date _____

Value _____

Signature _____

Date: _____

Name & Designation _____

Place: _____

Seal of the Company _____

VERIFICATION

The information provided in the document submitted is true to the best of my knowledge and belief. In case the same is found contrary, SAIL reserves the right to cancel the registration and also can take any other action as deemed fit.

APPLICANT

(For Office use only)

Date of Issue _____

DD No. & Date _____

Due date of Receipt _____

Value _____

Bank & Branch _____

Appendix
(Part of ANNEXURE B-II)

(A) MACHINE TOOL/EQUIPMENT

GIVE DETAILS OF MACHINERY ERECTED AND FUNCTIONING

Sl. No.	Description	Capacity	Make	Remarks
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NOTE: Give details in case the firm has additional facilities like foundry etc.

(B) TESTING FACILITIES

Please give necessary details.

Name of the Firm _____

Signature _____

Designation _____

Seal _____

NOTE: All attestations to be done by Registered Notary Public.