

**Tata Memorial Hospital
(Purchase Department)
Dr. E. Borges Marg, Parel,
Mumbai- 400 012**

Vendor Capability Proforma

Vendor Name:		
Address (Reg) Office: Address Factory:		
Telephone No:		Fax No:
Email :		
Contact Person Name :		
Designation:		Mobile No:
Types of establishment : Manufacturer/Distributor/Dealer/Trader/Agent		
Constitution of company : Proprietary/Partnership/Limited/Other		
Year of Establishment :		
PAN No:		GST No:
Sales Tax registration No.		
FDA license No. (if required)		
Factory Act License/SSI Registration/Shops and establishment license No.:		
Business Profile :		
Items proposed to be supplied to the hospital :		
Name and address of Bankers & Account No. :		
IFSC Code :		MICR No.
Credit limit:		

Commercial information

Are you in Rate Contract with DGS & D/ Railway/ MCGB/BT/Any other hospital:-		
Principal Customers Name and address	Product supplied	Value in Rs. Lacs per year

Other Information

Please enclosed the following :	
1	Balance sheet and P & L A/c. for last three years.
2	Latest Income Tax details
3	Copy of Sales Tax License if required
4	Copy of FDA License if required
5	SSI Registration / MSME Certificate/Shops and establishment license
6	GST Registration Certificate
7	PAN Card copy
8	Experience certificate
9	NEFT form

Signature of the Vendor:

Date:

For TMH office use only

Inspection carried out by :
Inspection date:
Vendor Code:
Signature of inspector:
Approved / Rejected by:

Purchase Officer

**APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILLS
IN BANK ACCOUNT BY ELECTRONIC CLEARING SERVICE/NEFT**

1. Name of the vendor : _____

2. Vendor Address & Other particulars : _____

a) PAN NO : _____

b) GST NO : _____

c) Mobile No : _____

d) E-mail Id : _____

3. Bank A/C Holder's Name : _____
(Title of the Account)

4. Bank Account No : _____

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5. Bank Name, Branch & Address : _____

6. 9- Digit MICR code of the bank :

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7. Account type (SB / CURRENT) : _____

8. IFSC Code : _____
(Attach xerox copy of cheque)

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I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete information, I would not hold the user institution responsible. I agree to discharge the responsibilities as a participant under the scheme.

(_____)

Signature of the Vendor with seal

Certified that the particulars furnished above are correct as per our records.

(_____)

Signature of the authorized official from the bank

Bank's stamp :

Date : _____

Note: Xerox copy of cheque may be attached, without which the form will not be accepted.