



SUMANDEEP VIDYAPEETH

**Dhiraj Hospital & SBKS Medical Institute and Research Centre,
Pipariya, Taluka :Waghodia, Dist. Vadodara-391760(Gujarat)
T. No. 02668-245262, 245266**

DETAILS OF SUPPLIER/VENDOR/COMPANY

1.	Name of the Vendor/Supplier/Company:		
2.	Postal Address for Correspondence:		
	CITY:	Pin code:	
	Telephone:	Fax:	
	Email Id:	Website:	
3.	Name of the Contact Person:		
	Designation:	Mobile:	
	Fax:	Email Id:	
4.	Verification details(Please enclose self-attested copies of documents at (a) and (c) to (f))		
	(a) Registration No		
	(b)Government Authority with which Registered (e.g. Factory Act, Shop Act etc)		
	(c) PAN Card No		
	(d)Adhar Card No		
	(e)Income Tax Return last three years		
	(f) Annual Turnover		
5.	GSTIN Registration Number:		
	(a) Applicable Business/Service Category(for GST purposes)		
6.	Kindly confirm the following Yes or No (To be confirmed by the bidder):		
	(a)Whether the bidder is exempted from registration under GST (Turnover of less than Rs20 Lacs/10 Lacs incase of special category States)		
	(b)Whether Bidder is under Composition Schemas defined under section 10ofCGSTAct, 2017? [[Please note that Composition Scheme is available only for Restaurant and Outdoor Catering Services]		



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7.	Name of Category for (please specify the items also)for which you are Manufacturer/Supplier/Vendor			
	(a)	Medicines/IV Fluids/Components	(b)	Medical Equipment
	(c)	Surgical Equipment	(d)	Laboratory Reagents & Supplies
	(e)	Medical Disposable items (IV Sets, Cannulas	(f)	Anesthetic Gases & Products
	(g)	Super speciality Products (Mention products like Stents, Implants etc)		
	(h)	Electrical Items	(i)	Hygiene, Sanitary & Laundry Products
	(j)	Hospital Linen	(k)	Hospital Furniture
	(l)	Grocery/Dietary/Vegetables	(l)	Stationary/Printing Items
	9.	Registration as Approved Vendor with Other Hospitals/Organisations (give details):		
10.	Detail of Bankers :-			
	Bank Account No			
	Name & Address of Bank			
	IFSC No of Bank			
11.	Any other relevant information you feel appropriate.			

Date:

Signature:

Seal/Stamp:

Name of Vendor: