



KERALA MEDICAL SERVICES CORPORATION LTD.
(Dept. of Health & Family Welfare, Govt. of Kerala)

VENDOR REGISTRATION FORM

1	Name of the Tenderer					
	GSTIN No.					
	Registered address of the firm					
	State		District			
	Telephone No.		Fax			
	Email		Website			
	Contact Person Details					
2	Name		Designation			
	Telephone No.		Mobile No.			
	Fax		e-mail			
Communication Address						
3	Address					
	State		District			
	Telephone No.		Fax			
	Email		Website			
Type of the Firm (Please ✓ relevant box)						
4	Private Ltd.		Public Ltd.		Proprietorship	
	Partnership		Society		Others, specify	
	Registration No. & Date of Registration.					
Nature of Business (Please ✓ relevant box)						
5	Original Equipment Manufacturer		Authorized Dealer /Representative			
	Direct Importer		Others, specify.			
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)						
6	in case of Directors, DIN Nos. are required					
	Name		Designation			
	Name		Designation			
	Name		Designation			
	Address & Contact details					(Pl attach separate sheet if required)
Bank Details						
7	Bank Account No.		IFSC Code			
	Bank Name & Address		Branch Name			
	Tel No		Email ID			

8	Whether any criminal case was registered against the company or any of its promoters in the past?		Yes / No
9	Whether the firm was blacklisted by any Government Department / Corporation/ etc in the past?		Yes / No
Declaration			
I hereby declare that all the information provided here are true to the best of my knowledge			
8	Name		Seal
	Designation		
	Signature		Date
Documents to be submitted for registration			
9			
Registration Documents (as applicable for the type of the firm it is registered)			
a.	1.	Memorandum of Association and Article of Association / Registration certificate issued by Registrar of companies (Public / Pvt Ltd)	
	2.	Proprietary Registration Certificate (Proprietorship)	
	3.	Partnership deed (Partnership)	
	4.	Society Registration Act Certificate (Society)	
b.	Audited accounts Statements (Financial year 2015-16, 2016-17, 2017-18)		
	1.	Annual Report, Balance Sheet, P&L Statement	
	2.	Turn Over Statement (as per format)	
	3.	IT returns	
c.	Power of Attorney (as per format)		
d.	Declaration (as per format)		
e.	Service centre details (as per format)		
f.	Documentary proof to prove availability of service centre in South India		
g.	Supplier details in excel file (as per format)		
h.	List of equipments for which orders received from KMSCL in the past (as per format)		

For office use only			
Documents verified by:			
Name			
Designation			
Signature			
Date			
Registration Details			
Vendor Regn No.		Validate date	

POWER OF ATTORNEY

(On a ₹ 200 Stamp Paper)

I/ We..... (name and address of the registered office) do hereby constitute, appoint and authorise Sri/Smt. (name and address) who is presently employed with us and holding the position of as our attorney, to act and sign on my/our behalf to participate in all the tenders of KMSCL equipment division till 30th November 2019.

I/ We hereby also undertake that I/we will be responsible for all action of Sri/Smt. undertaken by him/her during the tender process and thereafter on award of the contract. His / her signature is attested below

I/ We also declare that during the said period, in any change in authorized attorney, it shall be intimated in advance to the Tender Inviting Authority.

Dated this the ___day of 201_

For_____

(Name, Designation and Address)

Accepted

_____ (Signature)

(Name, Title and Address of the Attorney)

Date :

DECLARATION LETTER

I/ We..... (name and address of the registered office) hereby declare that all the documents submitted by us for the Vendor Registration of KMSCL are genuine and valid to the best of my knowledge.

I/ We hereby also declare that our firm has not been blacklisted / debarred by any Central / State Govt. institutions / Organization while applying / renewing for the Vendor Registration of KMSCL.

Dated this the ___ day of 201_

For _____
(Name, Designation and Address)

KERALA MEDICAL SERVICES CORPORATION LTD
SERVICE CENTRE DETAILS

TOLL FREE NUMBER, IF ANY			
Sl. No	Name and address of the service center (s)	Contact Details	
1		Telephone No:	
		Fax No:	
		Email ID.	
		Name of the Service Head (National)	
		Mobile No.	
2		Telephone No:	
		Email ID.	
		Name of the Service Engrs.	
		Mobile No.	
3		Telephone No:	
		Email ID.	
		Name of the Service Engrs.	
		Mobile No.	
4		Telephone No:	
		Email ID.	
		Name of the Service Engrs.	
		Mobile No.	
5		Telephone No:	
		Email ID.	
		Name of the Service Engrs.	
		Mobile No.	

Date :

Office seal

Signature of the
tenderer/Authorized signatory

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____ for the past three years are given below and certified that the statement is true and correct.

Sl. No.	Year	Turnover in Lakhs (Rs)
1	2015 – 2016	
2	2016 – 2017	
3	2017 – 2018	
Total		
Average Turnover per year		

Date:

Signature of Auditor/ Chartered Accountant

(Name in Capital)

Seal:

