	Sri Vijaya Visakha Milk Producers Company Limited					
(Visakha Dairy)Akkireddy Palem, BHPV (Post)						
	Visakhapatnam-530012, Andhra Pradesh					
VENDOR REGISTRATION FORM						
CIN	I:U15209AP2006PTC048708	3	Phone:0891-2517230			
GSTIN:37AAJCS7398P1Z4			0891-2757708 Email:purchase@visakhadairy.com			
		Email.purchase				
1	Name of the Vendor					
2	Complete Address:					
	Tel No (Land Line)					
	Mobile No:					
	Email No:					
	WEB					
	Name & Design of					
3	person to be contacted with mobile no:					
			Manufacturer	( )		
	Activity(Tick Which ever is oplicable)		Authorized Distributor	( )		
4			Authorized Dealer	( )		
			Auuthorized Stockist	( )		
5	Status of the organization Tick( ) appropriate option		Proprietoary/partner ship/Company/LLP			
6	Date of commencement of Busine	SS				
7	Copics of the rate Contracts/Purchase order from your customers.					
	Financial Status (OR) Bank Details					
1	Bank Name Address with RTGs Details					
2	Bank Account No					
3	I.T. Pan No					
4	GSTIN No					
5	Annual Turn over of last 3 years(Attach balance sheet)					

III	Service Details of organization					
1	Describe frim's major field(s)of operation/product range					
2	Installed Capacity					
3	Avarage Monthly Production/Sales					
4	Sources of major raw materials					
5	Value of avarage raw material/sales Inventory maintained					
6	Inspection & Testing Facilites available at work.(Please attach details)					
	Quality Control: Is your organization					
IV	has ISO certification					
	( if so details provide)					
V	DECLARATION					
	The above information is true in all respects and we undertake to infirm you if					
	any change in the above particulars regarding our business from time to time.					
	We also undertake the responsibility that in no case we will employ any consultant					
	to deal with Sri Vijaya Visakha Milk Producers Company Limited(visakha Dairy)., Visakhapatnam.					
1/1	Checklist of Documents to be submitted Tick( )					
1	Copy of Excise Registration(If applicable)					
2	Copy of GST Registration					
3	Copy of TIN Registration					
4						
5						
6	Copy of FASSAI Registration(If Applicable)					
/	For Office Use:					
	Vendor Register Entry No: DT:					
	Category :					
	Vendor No :					
	Information Received					
	is complietely satisfactory Recommen	ded Approved				
	D.A. MANAGER(F&A) MANAGER(P	) MANAGING DIRECTOR				