

NATIONAL DEFENCE ACADEMY

APPLICATION FOR REGISTRATION AS SUPPLIER

1. Name of the firm :
2. Name of proprietor of the firm :
3. Complete address of the firm :
4. Telephone/Fax / Mob No :
5. Particulars of items dealt with by the firm :
6. Central Sales Tax Regn No :
7. State Sales Tax Regn No :
8. Vat/Tin No :
9. PAN No :
10. Particulars of Registration with other Govt/ Def Establishment, if any :

(Signature of the Proprietor)

Note - Copy of the following are required to be attached along with application form for documentary proof:-

- (a) BST, CST, VAT No. TIN No, Shop Act Registration & Income Tax Clearance certificate and police verification.
- (b) Certificate on a non judicial stamp paper worth Rs 100/- regarding physical existence of the firm.
- (c) ECS mandate.
- (d) Certificate from the Vendors bankers to be attached duly signed by the bank Manager for verification of accounts. This should be the same account as mentioned in ECS mandate.
- (e) Audited bal sheet for last three years.
- (f) Photograph of the owner in front of the factory, workshop, shop /office.

ECS MANDATE

ESC (Authorisation cum Banker's Certificate)
(These filled by customer and certified by Banker)

To,

Pr CDA (SC)
No. 1, Finance Road Opp C.P.O. Pune- 411 001
Tele No 261132488, 26128727, 2612875, Exit 115, 125
Tele Fax No 26132488 E-mail cda-pune@hub.net.in.

Dear Sir,

I/we hereby declare that I/We are suppliers to the Army Units covered under the payment Jurisdiction of office of the Pr. CDA (SC) Pune. I/We hereby express our willingness to accept all payments against supplier etc by the officer of the Pr. CDA (SC) Pune by ECS. In order to facilities the ECS payment. The ECS mandate as below is hereby given.

1. Customer Name : _____
and Address _____
2. Particulars of the Bank Account: _____
 - (a) Bank Name : _____
 - (b) Branch Name: _____
 - (c) 9 Digit Code Number of the bank and branch appearing on the MIRC cheque issue by the bank.

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- (d) Account Type: Saving/Current (tick one) /Cash/Credit (CC) Account.
- (e) Ledger Number: _____
Ledger Folio No _____
- (f) Account Number _____
(as appearing on the cheque book)
- (g) Date of effect _____
- (h) IFCS Code _____

I/ We hereby declare that the particulars given above are correct and complete and if the transaction is delayed or not effected at all for reason of incomplete or in correct in formation, I/We would not hold _____bank responsible. I/ We/are aware of the Electronic Clearing Service scheme and I/ we agree to discharge my / our responsibility expected of me as a particular under the scheme.

Your Truly,

Signature of Sole/ First Account Holders:

Name : _____

Signature of Second/ Joint Account Holder:

Name : _____

(Please Note:- To be signed by all account holders as per mandate on the saving/ current a/c with the bank)

Certified that the particulars finished above are correct as per out records.

Bank Stamp

Date:

Name of Authorized Signature

Signature of the authorized

Authorized Officer