

APPLICATION FORM

For Enlistment of Firm/Cooperative Society/SHG/Institution as suppliers for supply of Office Stationeries, Grocery & Non-Grocery items, ICDS & Disaster Management articles, Textile & Confiscated Goods, Food grains, Computer & Peripherals, Medicine to Government bodies, local bodies, Consumers' Cooperative Society and Govt. Registered Institutions.

1. Full Name of the Firm/Cooperative Society/SHG/Institution: _____

2. Address of the Firm/ Cooperative Society /SHG /Institution : _____

3.

Name of Firm/Cooperative Society/SHG/Institution	Registration No & Date	Name of the Act. under which Registered	Reference No. (with date) of Working Certificate of concerned Range Office (Applicable for SHG)

(Copy of supporting documents to be enclosed)

4. Weather the Proprietor/Partners/Authorized person of the firm/Institution is/are resident of West Bengal & citizen of India? ☐ Yes ☐ No

5. Name and Address of the Proprietor/Partners of the firm & Authorized person in case of Cooperative Society /SHG /Institution (Supported by its Resolution):

SL No	Name	Address with PIN	Mobile No	E-mail ID

(Copy of supporting documents to be enclosed)

N.B.- In case of Cooperative Society /SHG /Institution, copy of Supporting Resolution is to be enclosed

6. Share held by the partner (in case of partnership firm):

7. Address where business is carried out :
(Copy of supporting documents to be enclosed)

8. PAN No. of the Firm/ Cooperative Society /SHG /Institution:
(Copy of supporting documents to be enclosed)

9. TAN No. of the Firm/ Cooperative Society /SHG /Institution:
(Copy of supporting documents to be enclosed)

10. GSTN of Firm/ Cooperative Society /SHG /Institution:
(Copy of supporting documents to be enclosed)

11. Address of the Godown (if any):
Capacity of the Godown:

12. Category of Supplied Items: Office Stationery ☐
(Put tick mark (✓) in Applicable Grocery & non Grocery items ☐
box) ICDS & Disaster Management article ☐
Textile materials ☐
Confiscated Goods ☐
Food grains ☐
Computer & Peripherals ☐
Medicine ☐

13. Details of Valid Trade License:

Trade License No	Validity	Items

(Copy of supporting documents to be enclosed)

14. Position of Audit of your Firm/ Cooperative Society /SHG /Institution of Last 3(Three) preceding Years:

Year	Net Profit/ Loss
2021-22	
2022-23	
2023-24	

(Copy of supporting documents to be enclosed)

15. Have your Firm/ Cooperative Society /SHG /Institution filed ITR in last 3 (three) preceding years? Yes ☐ No ☐

(Copy of supporting documents to be enclosed)

16. Whether your Firm/ Cooperative Society /SHG /Institution have minimum 5 (five) years' experience in supply of above-mentioned articles to Government bodies, local bodies, Consumers' Cooperative Society and Govt. Registered Institutions?

Yes ☐

No ☐

If yes, then provide the following details:

Year	Name of the organization	Items supplied	Business Volume

(Copy of supporting documents to be enclosed)

17. Total Business Turnover of the Firm/ Cooperative Society /SHG /Institution of Minimum last 5 Years:-

Year	Business Volume / Turnover
2023-24	
2022-23	
2021-22	
2020-21	
2019-20	

(Copy of supporting documents to be enclosed)

18. Whether the Firm/ Cooperative Society /SHG /Institution has enlisted with other Co-operative Societies?

Yes ☐

No ☐

If yes, the provide the name of Co-operative Society:

19. Weather your Firm/ Cooperative Society /SHG /Institution have valid Professional Tax deposit certificate?

Yes ☐ No ☐

(Copy of supporting documents to be enclosed)

20. Has any other license related to supply?

Yes ☐ No ☐

(Copy of supporting documents to be enclosed)

21. Is there any Criminal case/FIR against the proprietor/owner/ Authorized person of the Firm/Cooperative Society /SHG /Institution?

Yes ☐ No ☐

(Declaration in this regard is required to be submitted in your official letter pad with signature and stamp.)

22. Have your Firm/Cooperative Society /SHG /Institution been blacklisted and barred by the law for the time being in force?

Yes ☐ No ☐

(Declaration in this regard is required to be submitted in your official letter pad with signature and stamp.)

I/We do hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved to be false/not true, suitable legal action will be taken against me/us as per the law of the land.

N.B.- If required for any column, a separate sheet may be enclosed for providing information.

Name and signature of the applicant/ applicants with designation, office seal and date.

Date:

Place:

Sl. No.	Name	Designation	Signature	Sl. No.	Name	Designation	Signature
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Seal