## **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 materials, Food grains, Computer & Peripherals, Medicine to Government bodies, local bodies, Consumers' Cooperative Society and Govt. Registered Institutions.

1. Full Nan	_	/Cooperative Society	/SHG/Ins	titution:		
2. Address	of the Firm/C	ooperative Society/S	HG/Instit	ution: _		
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)	
resident  5. Name a	of West Benga	tor/Partners/Authori al & citizen of India? f the Proprietor/Part ociety/SHG/Institution	Yes	he firm	No [	orized person in
SL No	Name	Address wit			ile No	E-mail ID
(Copy of su	upporting docu	uments to be enclosed	l)	l		
N.BIn cas	_	ive Society/SHG/Inst	itution, co	opy of Su	ıpporting	g Resolution is to
6. Share he	eld by the part	ner (in case of partne	ership firr	n):		
		ss is carried out : uments to be enclosed	I)			

8. PAN No. of theFirm/Coopera (Copy of supporting documents	•	nstitution:	
9. TAN No. of theFirm/Coopera (Copy of supporting document	<u> </u>	nstitution:	
10.GSTN of Firm/Cooperative (Copy of supporting documents	•	ution:	
11. Address of the Godown (if a Capacity of the Godown:	ny):		
Office Stationery Grocery & non Grocery ite ICDS & Disaster Managem Textile materials Food grains Computer & Peripherals Medicine  13. Details of Valid Trade Licen  Trade License No	ems nent article	Items	
(Copy of supporting documents  14. Position of Audit of your Firepreceding Years:	ŕ	ciety/SHG/Institution o	of Last 3(Three)
Year		Net Profit/ Loss	
2021-22			
2022-23			
2023-24			
(Copy of supporting docu 15. Have your Firm/Cooperation preceding years? Yes (Copy of supporting docu	ve Society/SHG/In No	stitution filed ITR in	last 3 (three)

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Business Vo
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nas enlisted with
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19. Weather your	Firm/Coopera	tive So	ociety/SHO	<b>G/Institution</b>	have	valid
<b>Professional Tax</b>	deposit certificat	æ?				
Yes	No					
(Copy of supporti	ng documents to b	e enclos	ed)			
20. Has any other li	cense related to s	upply?				
Yes	No					
(Copy of supporti	ng documents to b	e enclos	ed)			
•	perative Society/S			or/owner/Autl	norized p	erson
Yes	No					
(Declaration in this regassignature and stamp.)	ard is required to	be subr	nitted in y	your official l	etter pac	l with
22. Have your Fir barred by the la	m/Cooperative S w for the time bein	•		tion been bl	acklisted	l and
(Declaration in this regasignature and stamp.)	ard is required to	be subr	nitted in y	your official l	etter pac	l with
I/We do hereby declare a are true to the best of m I understand that if the legal action will be taken	y knowledge and information giver	belief an 1 by me	d nothing is proved	has been cond to be false/not	cealed th	erein.
N.B- If required for a information.	ny column, a sej	parate s	heet may	be enclosed	for pro	viding
Name and signature of the Date: Place:	he applicant/ appl	icants w	ith design:	ation, office se	al and d	ate.
Sl. Name Designation No.	on Signature	Sl. No.	Name	Designation	Sign	ature
					Seal	