



दीनदयाल पत्तन प्राधिकरण

DEENDAYAL PORT AUTHORITY

(Ministry of Ports, Shipping & Waterways, Govt. of India)

An ISO 9001: 2015 & ISO 14001: 2015 Certified Port



Vendor Registration for Supply of Medicine, Materials and Medical Equipment's to Medical Department from authorized Distributors/Suppliers.

IMPORTANT: Before filling the form, carefully read the following instructions

1. DPA is only requesting the information regarding your product, infrastructure, services and financial strength, experience in the industry, etc.
2. Providing information in the Form does not constitute acceptance as an approved & registered vendor. Failure to enter all the mandatory information may result into rejection of the form. In the form, wherever attested copies of documents are sought, these are to be enclosed along with the form and must be self-attested, unless specified other-wise, with clearly visible rubber stamp of the firm.
3. The form is to be signed only by Proprietor / Partner / Director / CEO / Company Secretary / Head of Administration (for foreign company's Indian Operation). Form signed by any other person will be rejected without any further correspondence. Rubber stamp with name & designation should be clearly visible.
4. This information will be retained with us and may/may not result in enlisting your firm in our list of regular suppliers. Enlistment of any firm is entirely at the discretion of DPA reserves the right to reject any application without assigning any reason thereof.
5. Before dispatch of the Form and other documents, please ensure that all relevant documents are attached with the application form. Form with incomplete documents is likely to be rejected and no further correspondence shall be entertained.
6. Incomplete, illegible, unsigned or signed by unauthorized person and without e-mail address shall be rejected.
7. Acceptance of Data on Firm form does not guarantee the receipt of notification for all applicable solicitation or invitation to offer or the award of any purchase contract or award of any invitation for bid or request for proposal or request for quotation. All prospective vendors are requested to regularly visit our web site <https://www.deendayalport.gov.in/en/>
8. The form duly filled in all respect need to be sent to the following address:
(The envelop should have Title-Vendor Registration)

Chief Medical Officer

DPA Hospital, Gopalpuri
Gandhidham, Kutch-Gujarat 370201



Vendor Registration for Supply of Medicine, Materials and Medical Equipment's to Medical Department from authorized Distributors/Suppliers.

Vendor Registration form

1	Description of Medicines/Services for which vendor is to be registered	
2	Name of the Firm	
3	Registration Number	
4	Registered Address	
5	Pin code	
6	Telephone No.	
7	Mobile No.	
8	Email ID	
9	Website (optional)	
10	Date of Establishment of the Firm (Attach Incorporation Certificate)	
11	Name, DOB & Designation of person to be contacted & his Mobile No. and Email id	
12	Name of the person in whose name the firm is registered (with drug office)	
13	Name of Partners/Directors (with supporting documents)	
14	Ownership of Firm with supporting documents (Tick whichever is applicable)	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Co-operative Others (specify) _____

15	Status of Firm with supporting documents (Tick whichever is applicable with supporting documents)	<input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large					
16	Category of Ownership with supporting Document (Tick whichever is applicable and provide for all promoters/partners/proprietors separately)	1		2		3	
		<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Gen.		<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Gen.		<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Gen.	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
17	Registration No. of firm & Authority with whom registered (Attach Copy Of registration Certificate)	GST No.					
		PAN No.					
		Aadhar No. of Proprietor/Partner					
		CIN No.					
18	Net Annual Turn Over of last three years .(Attach IT returns of last three years)	Year					
		Net Annual Turn-Over (in numbers & figures both)					
19	Value of immovable property & other Fixed Assets with supporting documents						
20	Details of the Bankers (Attach mandate from)	Sr.No.	Bank Name with Branch Address	IFSC Code	Type of Account	Account No.	SWIFT Code
21	Details of Loan taken from Banks/Financial Institutions with supporting documents						
22	Amount up to which supplies can be made at one time						
23	List of clients. Please furnish statement of order executed for large Industrial Organization. Also furnish copies of orders with performance certificate.						
24	Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad						
25	If blacklisted by any customer, Please provide details.						

26	Are you or any of your Partner/ Director (s) are related to any of the employee of DPA?If so give name & details	
27	List of Medicine Manufacturing Companies/ Medicine Marketing Companies you are Authorized with.(Please attach copy of Authorized Letters)	
28	ANY OTHER INFORMATION CONSIDERED RELEVANT AND USEFUL	

Please attached supporting documents.

I / We certify that the information furnished above is correct and complete to the best of my/our knowledge and belief. If at any time we are found to have concealed any material information or if the same is found incorrect or misleading, DPA reserves the right to cancel the registration and take any other action as deemed fit without notice or compensation.

I/We also certify that we have no objection if the above mentioned details are entered in Central Public Procurement Portal for AOC Contract Users.

Also we undertake to inform you of any subsequent change in the above particulars regarding our business from time to time.

Name: _____

Signature:_____

Designation: _____

Seal of the Company:_____

Place:_____

Date:_____