

**Indian Institute of Management, Ahmedabad**

**Vendor's Registration Form**

Name of Company/Firm					
Registered Address:					
Address Line 1					
Address Line 2					
City					
State					
Pin-code					
Country					
Web-site					
e-mail Address					
Phone Nos.					
Type of Company/Firm	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Company <input type="checkbox"/>	Other (Please specify)->	
Nature of Business	OEM <input type="checkbox"/>	Dealer <input type="checkbox"/>	Distributor <input type="checkbox"/>	Other (Please specify)->	
Brief Description about the Company					
PAN					
GST registration Number					
Bank Details:					
Account Number				IFSC	
Name of Bank					
Contact Persons' Details:					
Name	Designation	e-mail Address		Mobile/Phone No.	
Local Address at Ahmedabad (for service support)					
Product Category (Please mention the product category you deal in, e.g. TV, Fridge, AC, Hardware, Grocery etc.)					
Please attach product brochure/catalogue/additional information, if required					
<b>Signature with name &amp; Company seal</b>					
<b>Note: Please contact Manager - S &amp; P for more information on 079-66324197/079-66324199 on working days.</b>					