





**ANDHRA PRADESH POWER GENERATION CORPORATION LTD**

**VENDOR REGISTRATION APPLICATION FORM**

	<b>NAME OF THE FIRM :</b>	
<b>Sl.No</b>		
<b>1.0</b>	<b>CLASSIFICATION OF VENDOR (Tick whichever is applicable)</b>	a) <b>Manufacturer</b> <input type="checkbox"/>  b) <b>Supplier:</b> Trader <input type="checkbox"/> Authorized Dealer/Distributor <input type="checkbox"/> Stockiest <input type="checkbox"/>  c) <b>Others</b> (Specify):
<b>2.0</b>	<b>Name of the material for which registration is sought for (Refer List of items available in the APGenco web site)</b>	Item Category :  Materials :
<b>3.0</b>	<b>Date of Commencement of Commercial production /Business is established.</b>	
<b>4.0</b>	<b>Date Of Incorporation of the firm</b>	
<b>5.0</b>	<b>Address ,Phone, Fax, Mobile Numbers, E mail</b>	
<b>5.1</b>	<b>Regd. Office</b>	

5.2	<b>Works/Factory/Shop</b>	
5.3	<b>Branches</b>	
5.4	<b>Associates /Sister concern(If any)</b>	
5.5	<b>Local dealer/Stockiest/Agent engaged in sales &amp;after sales service(Ifany)</b>	
6.0	<b>Type of Company (Tick whichever is applicable).</b>	a) Central Govt. Undertaking: <input type="checkbox"/> b) State Govt. Undertaking: <input type="checkbox"/> c) Proprietor Ship <input type="checkbox"/> d) Partner Ship <input type="checkbox"/> e) Private Limited <input type="checkbox"/> f) Public Limited <input type="checkbox"/> g) Others(Specify) :
7.0	<b>Name of the Proprietor/Managing Partner/Managing Director:</b>	 (O):  (M):

8.0	<b>Category Of Establishment</b>	Micro Scale Industry <input type="checkbox"/> Small Scale Industry <input type="checkbox"/> Medium Scale Industry <input type="checkbox"/> Large Scale Industry <input type="checkbox"/>
9.0	<b>Registration with and number (Furnish the details whichever is available or applicable)</b>	SSI/District Industries Centre: N.S.I.C : Ministry of Industries & Commerce : DGS & D : VAT-TIN : CST : Excise Duty : PAN : Trade License No. : Shop & Establishment No.:

**IF MANUFACTURER**

10.0	<b>Is your factory registered under the Indian Factories Act 1948?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.1	<b>To what specification are the equipment, materials manufactured (IS, IEC,BS, DIN etc.)</b>	
10.2	<b>Whether the equipments spares could be manufactured to APGencos drawings</b>	YES/NO
10.3	<b>Foreign Collaborations if any.</b>	
10.4	<b>Indicate the major raw materials used and their sources.</b>	
10.5	<b>Whether Plant &amp; Equipment available for manufacturing and testing of materials for which registration is sought for</b>	YES/NO

<b>10.6</b>	<b>MAN POWER</b>	
<b>10.6.1</b>	Design and Development	
<b>10.6.2</b>	Production	
<b>10.6.3</b>	Quality & Inspection	
<b>10.7</b>	<b>CAPACITY</b>	
<b>10.7.1</b>	Manufacturing capacity (Installed) and expansion plans if any	
<b>10.7.2</b>	Licensed Capacity	
<b>10.7.3</b>	Last year's capacity utilization	
<b>IF SUPPLIER(AUTHORISED DISTRIBUTOR/DEALER/STOCKIEST)</b>		
<b>11.0</b>	<b>Name of the Principal/Principals and their products.</b>	
<b>11.1</b>	<b>Having any agreement with the Principal/Principals (Tick which ever is applicable)</b>	a) Technical Support Agreement: <input type="checkbox"/> valid up to :  b) Authorized distributor/dealer ship: <input type="checkbox"/> valid up to :  c) Others(Specify) :
<b>BOTH MANUFACTURER &amp; SUPPLIER</b>		
<b>12.0</b>	Product range	1. 2. 3.

		4. 5.						
<b>13.0</b>	<b>Mode of Sales and After Sales Service If Sales &amp; After sales service facility through Supplier (furnish service branch address )</b>	Sales            Direct <input type="checkbox"/> Supplier <input type="checkbox"/>  After Sales    Direct <input type="checkbox"/> Supplier <input type="checkbox"/> Service						
<b>14.0</b>	<b>Have you executed orders of the APGNECO previously for this item? If so, please give full details about the execution of orders and pending orders if any.</b>							
<b>15.0</b>	<b>Similar details in respect of supply to other Electricity Boards (or) any Govt. organization.</b>							
<b>16.0</b>	<b>Production/Sales in the last three-years (Year wise details of Quantity and value) A separate sheet may be enclosed.</b>							
<b>17.0</b>	<b>Are you enlisted with any other organizations Like D.G.S &amp; D, other Electricity Boards/utilities, Govt. organizations, NSICL.</b>	<table border="1"> <thead> <tr> <th>Dept/Organization</th> <th>Reg.No.</th> <th>Products</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Dept/Organization	Reg.No.	Products			
Dept/Organization	Reg.No.	Products						
<b>18.0</b>	<b>Financial Status (Name &amp;Address of the bankers)</b>							

**Note:** Profit & loss account and Balance sheet for the last THREE years certified by chartered accountant should be enclosed.

19.0	<b>Did you apply for Registration before with APGENCO for this or any other item? If so, give details.</b>	
20.0	<b>Are the Owners/Partners Related to any Employee of the APGENCO. If so, provide Details.</b>	
21.0	<b>Brief History of labour relations in the organization in last one year(Specify strikes, lockouts, and tool down if any</b>	
22.0	<b>Registration fee particulars</b>	DD.NO .... Date :  for ₹ ..... (Rs.  )Drawn on .....

**It is certified that the information furnished above is true to the best of my /our knowledge and belief and enclosed copies of documents as per the CHECK LIST enclosed. It is here by undertaken that in the event of any of the above information found to be false or incorrect at a later date, APGENCO is entitled to cancel the enlistment of our firm with APGENCO/ban the firm.**

PLACE :

Signature :.....

Name :.....

(In Capital Letters)

DATE :

Designation :.....

Company Seal :.....