

VENDOR REGISTRATION FORM

(Instructions for completing the form and other conditions)

1. The attached set of Vendor Registration Forms is to be completed in all respects by the Contractor/Supplier/Consultant/Vendor to be considered for registration as an approved Vendor of **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE**. **PLEASE NOTE THAT SECTIONS A, B, AND C ARE TO BE COMPLETED BY THE VENDOR. SECTION D IS FOR LOCAL (INDIAN) USE ONLY.**
2. The following documents should be enclosed with the Vendor Registration Form:
 - A copy of the Trade License issued by the Authorities of the concerned Department or Country, along with details of Tax Certificate, if any
 - Details/evidence, if any, of various Projects/Services completed/undertaken in the LOCAL COUNTRY along with the respective contract values
 - Details of previous project and client reference
 - Details of manpower showing professionally qualified staff, skilled and unskilled Categories, And Financial statements/Particulars.

The completed Vendor Registration Form along with the above documents should be submitted to the Tender Head Committee Mr Ajay Ramji Vishwakarma.

3. Information submitted for the purpose of registration of the Vendor is subject to verification by **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE** such verification may also include inspection of your facilities/projects/products/services.
4. All information submitted to **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE** will be treated as confidential.
5. Registration of any Company as an approved Vendor is subject to the approval of the Tender Committee, whose decision shall be final and binding. **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE** reserves the right to reject the request for registration of any Company without assigning any reason.
6. The Secretary Tender Committee shall arrange to notify the Company who has been registered as an approved Vendor of **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE**. Details of the type of work and the value group in which the applicant Company has been registered will be intimated.
7. Invitation to tender for **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE** Projects/Services/Contracts is subject to the discretion of the Tender Committee as well as the past performance of the concerned Vendor. Registration as an approved Vendor does not necessarily guarantee any tender invitation.
8. The approved Vendor shall agree to abide by all contracting rules, regulations and other conditions of **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE**.
9. New Register Vendor must applicable to submit 8% project guarantee of the total value approved project to the committee
10. 8% (Refundable) Project Security applicable after the contract signed selected vendors has 3(days) validity to fulfill the process.
11. The selected vendor once submitted the Refundable VPS, the **IHO INDIA** team will update in the system and process the advance payment for vendor.
12. Any extra-work cost will be clear on site by cash USD; vendor must provide the original invoice/Bill.

VENDOR REGISTRATION FORM — SECTION “A”

To,

The Chairman Tender Committee

INDIAN HEALTH ORGANIZATION & HEALTH WELFARE.

Dear _____,

We wish to register our Company with **INDIAN HEALTH ORGANIZATION & HEALTH WELFARE** in accordance with the attached conditions for the Type of Works in the Value Group, as indicated by us in Section “C” of the Vendor Registration Form.

We also hereby declare that the information provided are true and correct and the type of work/value group indicated are fully representative of the expertise and capability of our Company, whose details are given below:

Name of the Company: _____

Name(s) of the Owner(s): _____

Title/Designation: _____

Signature(s) of the Owner(s): _____

Place: _____ Date: _____

Postal Address: _____

Physical Address/Location: _____

Telephone Nos. : _____ Fax No. _____

Email ID: _____ Web Address: _____

Date of issue of Trade License: _____ Valid Till: _____

Trade License(s) is/are valid for undertaking jobs in the Representative country(s)

Authorized Personnel

Name	Designation	Specimen Signature
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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VENDOR REGISTRATION FORM — SECTION “B”

1. ORGANISATIONAL STRUCTURE OF THE APPLICANT COMPANY

- (a) Name of the Company: _____
- (b) Date of Establishment: _____
- (c) Legal Status (i.e. Local Liability, Pvt.LTD, Partnership, etc.) _____
- (d) Owner's Name: _____
- (e) Name & Address of Parent Company, if any: _____
- (f) State whether parent company will guarantee performance (on your behalf) of a possible contract: _____
- (g) Names and address of other companies, if any, which are within your parent company's organization: _____
- _____
- _____

II. FINANCIAL DETAILS OF THE APPLICANT COMPANY

1. Please enclose a copy of your latest financial statements, preferably an audited one, showing details of your Capital, Assets & Liabilities
2. Details of Turnover for the last three (3) calendar/financial years, If Any
3. Parent Company Turnover, if applicable, for the last three (3) calendar/Financial Years
4. Name(s) of your Bankers: _____
5. Name of your Auditors, if applicable: _____

VENDOR REGISTRATION FORM — Section “C”

Sl.No.	Type of Work	A	B	C	D	E
	Description of the type of work	Contract Value above USD. 1 Million	Contract Value USD. 500,000 to 1 Million	Contract Value USD. 100,000 to 500,000	Contract Value USD. 25,000 to 100,000	Contract Value upto USD. 25,000
1.1	Diving Services					
1.2	Medical Equipment					
1.3	Medical Supplies					
1.4	Sign writing & artistes					
1.5	Medicine Manufacturer					
1.6	Fence-Supply & Installation					
1.7	Exhibition					
1.8	Web Seminar					
1.9	International event / Conference					
1.10	Advertising					
1.11	Tour / Travel					
1.12	Heat Treatment					
1.13	Insulation					
1.14	Lifting Equipment					
1.15	Coating					
1.16	Scaffolding					
1.17	Land Surveys					
1.18	Interior Fit Out works					
2.0	Other Services					
2.1	Electrical works					
2.2	Carpentry works					
2.3	Aluminum works					
2.4	Sanitary/plumbing works					
2.5	Cleaning & Janitorial works					
2.6	Air conditioning equipment & system repairs					
2.7	Manpower services (all trades)					
2.8	Equipment hire (crane, compressor)					
2.9	Services (incl. repairs)					

VENDOR REGISTRATION FORM (LOCAL) — SECTION “D”

VR Form submitted on: _____ Vendor inspected on: _____

1. Observations/Comments of the Inspecting Officer:

(a) On quality of workmanship, equipment/machinery, availability of materials, manpower and any other details:

(b) Recommendation of the Inspecting Officer regarding registration of the vendor:

M/s. _____ are recommended /not recommended to be registered, as follows:-

Sl.No	Type(s) of Work	Value Group(s)

Signed: _____ Name & Designation: _____

Date: _____

2. Tender Committee Approval
Tender Head Committee
Mr Ajay Ramji Vishwakarma

Signed: _____

Member of Tender Committee
Dr Nirmala Das Gupta

Signed: _____

Chairman Tender Committee
Honorable Dr Shilpa Lad

Signed: _____

3. To Secretary Tender Committee (after completion of approval)