**केन्द्रीय विद्यालय ,** **वायु सेना स्थल सालुआ**

**KENDRIYA VIDYALAYA AFS SALUA**

**2024-25 के लिए फमों / आपुर्ति कर्त्ताओं का सूचीकरण**

***Registration Form for Enlistment of Firms/suppliers for the session 2024-25***

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| --- | --- | --- |
| क्रम | **विषय/ *SUBJECT*** | **जानकारी/ *INFORMATION*** |
| 1 | **फर्म का नाम**  Name of the Firm |  |
| 2 | पंजीकृत कार्यालय का विस्तृत पता  Detail address of the registered office / firm |  |
| 3 | PAN NUMBER पैन नंबर  (With supporting docs.) |  |
| 4 | GST NUMBER ( with supporting docs.) (सहायक दस्तावेजों के साथ) |  |
| 5 | कार्य का अनुभव / Details of experience |  |
| 6 | काम के क्षेत्र / Field of work |  |
| 7 | फोन नं॰ / Contact No. | 1.  2. |
| 8 | Any other information about the firm / फर्म के बारे में कोई अन्य जानकारी |  |

I Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proprietor of M/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby undertake that the above furnished information is correct to the best of my knowledge and belief. In case of any information / supporting document furnished by me found to be incorrect / false, the offer of my contract will be cancelled automatically and action may be taken as per KVS rule. I assure you to provide the best service to the Vidyalaya.

दिनांक (Date):

मालिक / अधिकृत व्यक्ति के हस्ताक्षर कार्यालय मुहर

**Signature of the proprietor / authorized person along with Office Seal**