## APPLICATON FOR REGISTRATION AS APPORVED CONTRACTORS OF STORES DEPARTMENT, HIMACHAL PRADESH

1.	Name of the firm					
2.	Addross					
3.	Head office	Branch office_		Tele	graphic	
		Telephone No				
4.	Is the firm /factory re					
	a) The companies Act,1956 or Factories Act					
	b) The Indian Partne	ership Act, 1932.				
	c) If not, who are th	e owners?				
	Please give full address of all partners in case of firm and extent of share held by each					
	Are you a manufactu	- <del></del> rer		if so please	give:	
i)	Details of stores i	nanufactured ,specif	ying each item			
ii)						
iii)						
5.	Are you manufacture	ers agent ,if so.pleas	e state:			
i)	Name and addre	ess of each manufact	urer			
ii)	Store manufacture by each					
iii		sole agency or you o				
iv		stock other go				with
6.	Please give name and	address of your bar				
	Are you on the list of					
8.	Have you execute	d any contract i	in the past ?i	f so, please	give	details
9.	Did you apply for r	egistration with this	department be	fore? If so ,wit	:h what	result
10.	Give details of any of Department	ontracts executed d	uring the last six	months for any	y Gover	 nment

- 11. Your VAT registration no. and the District in which it is Registered
- 12. CST registration No.and the District in which it is Registered

DECLARATION TO BE MADE BY THE APPLIC	ANT:
I /We hereby declare that the above entries made of best of my/our knowledge.	by me/us on this day ofare trust
	Signature of applicant
1. Witness	_
Address	_
2. Witness	_
Address	