

To: Memon Medical Institute (MMI)

Subject: **Registration of Firms**

Dear Sir,

Please register our firm as a Supplier for Electro-Medical equipment/general accessories/drugs and disposables. Our particulars are given below:

a. Name of Firm: _____

b. Present Business Address (in full) _____

c. Telephone _____ d. Fax _____

e. E-mail address _____

f. Proprietor's /Owners Name _____

g. Proprietors Residential Address: _____

g. Telephone No of Proprietor / Owner _____
(Including Mobile number)

h. Proprietor's ID Card No: _____

a. Sales Tax Registration No: _____ (please attach copy)

b. NTN No: _____ (please attach copy)

c. Banker's Name and Current A/C No _____ (please attach copy)

d. Category for which pre-qualification is desired. **(Please tick category and sub-category).**

Category-A (General items and accessories)

- Office Equipment/Computers/Stationery etc.
- Ambulances and other vehicles.
- Bed linen and other linen, curtains, mattresses, towels patient clothing, hospital clothing etc.
- Catering and cafeteria items.
- Furniture and fixtures

Category-B (Drugs and Disposables)

- Non-Controlled and Controlled Drugs.
- Disposables.
- Laboratory glassware, kits, chemicals and reagents.

Category-C (Electro-medical Equipment)

- Medical and Hospital Equipment.
- Laboratory Scientific and Analytical Instruments.
- Imaging Equipment, CT Scan, MRI etc.

e. Whether Manufacturers, Importers, Wholesalers or General Order Suppliers

f. We are Agent/Distributors of _____
(Attach Agency Agreement)

g. Whether ever blacklisted YES/NO _____
(If yes give details)

Signature _____
(Full Name)

Designation _____

Station _____

Dated _____

