



Maharaja Agrasen Hospital



An initiative of : Maharaja Agrasen Research & Service Foundation, Siliguri

To
The Chairman
Medical Equipment Purchase
Maharaja Agrasen Hospital
Siliguri.

Form for Registration of Vendors/ Manufacturers/Suppliers

1. Name of the Company :
2. a) Head Office / Registered Office :
- Telephone No. :
- Email :
- Web site (if any) :
- Date of Establishment :

3. Name of Chief Executive / Proprietor / Partners :
- Telephone No/E-mail. :

4. Name of contact person :
- Telephone No./Email :

5. Type of Organization

- a) Proprietary
- b) Partnership
- c) Private Limited Company
- d) Public Limited Company
- e) Public Sector

Documents to be enclosed

- Trade License
- Partnership Deed, Trade License
- Memorandum & Article of Association
- Certificate of Registration
- Trade License

6. Nature of Business

- | | | |
|---|---------------------------------------|---|
| Manufacturing <input type="checkbox"/> | Service <input type="checkbox"/> | Distributor <input type="checkbox"/> |
| Stockist <input type="checkbox"/> | Indian Agent <input type="checkbox"/> | Indian Branch Office <input type="checkbox"/> |
| Repair & Maintenance <input type="checkbox"/> | Fabrication <input type="checkbox"/> | Others _____ |



Maharaja Agrasen Hospital



An initiative of : Maharaja Agrasen Research & Service Foundation, Siliguri

7. Class / Type of Product / Materials Manufactured / Sold / Serviced/ Fabricated :

Surgical Equipment	<input type="checkbox"/>	Dialysis Machine	<input type="checkbox"/>	Medical Waste Disposal	<input type="checkbox"/>		
Autoclaves	<input type="checkbox"/>	Diagnostic Equipment	<input type="checkbox"/>	Medical Monitoring	<input type="checkbox"/>		
Rescue and Emergency Equipment	<input type="checkbox"/>	Physiotherapy/Orthopedic Equipment	<input type="checkbox"/>				
Othodonticisary & Dental Surgery	<input type="checkbox"/>	Neurosurgery/Spine Surgery	<input type="checkbox"/>				
Medical Consumables/Medical Disposables	<input type="checkbox"/>	Hospital and clinical utilities	<input type="checkbox"/>				
Laboratory and analytical equipment and product	<input type="checkbox"/>	Diagnostic Kits	<input type="checkbox"/>				
Microscopy & optical imaging	<input type="checkbox"/>	Biotechnology	<input type="checkbox"/>	Nursing and Medical Care	<input type="checkbox"/>		
Video Endoscopy	<input type="checkbox"/>	Colonoscopy	<input type="checkbox"/>	Minimal Access Surgery	<input type="checkbox"/>		
Modular O.T.	<input type="checkbox"/>	Radiology	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	ENT	<input type="checkbox"/>
Diabetic Care	<input type="checkbox"/>	Skin & Plastic Surgery	<input type="checkbox"/>	Gynecology Surgery & IVF	<input type="checkbox"/>		
Laparoscopy	<input type="checkbox"/>	Analytical instrumentation & system	<input type="checkbox"/>	O.T.Equipments	<input type="checkbox"/>		
Furniture, Assemblies and Fabrics	<input type="checkbox"/>	Cardiology/Cardiothoracic Surgery	<input type="checkbox"/>				

Others (Please Specify)

.....

8. Details of Major Customers

Names of Major Companies where your firm is registered.

.....

Details of Registration fee (Rs.1000/-)

D.D./Cheque No. : Date:

Bank:

DECLARATION BY VENDOR/MANUFACTURERS/SUPPLIERS

I confirm that the information furnished are correct to the best of my knowledge and belief.

.....
(Signature of Proprietor/Partner/Chief Executive)

Place:

Name
(In Capital Letter)

Date:

(Seal of Vendor/Manufacturers/Suppliers)