



CENTRAL FOOTWEAR TRAINING INSTITUTE
MSME- TECHNOLOGY DEVELOPMENT CENTRE
(Ministry of Micro, Small & medium Enterprises,
Govt.of India Society,)

CFTI-CHENNAI

CFTI/PUR/F/01

Rev.No.00

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EXTERNAL PROVIDER REGISTRATION FORM

1. NAME OF THE COMPANY:

ADDRESS FOR COMMUNICATION:

TELEPHONE:

FAX NO. :

EMAIL:

2. TYPE OF ORGANISATION (Please Tick) :

a. PROPRIETOR SHIP

b. PARTNERSHIP

c. PRIVATE LIMITED CO.

d. PUBLIC LIMITED CO.

3. NAME OF CONTACT PERSON/S :

DESIGNATION:

PHONE (OFFICE):

PHONE (RESI) :

FAX NO.:

E-MAIL :

4. EMPLOYEE DETAILS:

NO. OF EMPLOYEES

ADMINSTRATION / OFFICE

FACTORY



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5. NATURE OF COMPANY (Please Tick):

a. MANUFACTURER b. DISTRIBUTOR / DEALER c. AGENCY

Registered GeM Supplier a. Yes b. No

If Yes Please Specify GeM Registration Number

6. YEAR OF ESTABLISHMENT:

7. OTHER INFORMATION:

PAN NO:

SALES TAX NO:

EXCISE RANGE:

ECC. NO.:

EXCISE REGN. NO. :

GST NO:

8. NAME OF THE BANKERS:

1)

2)

9. LAST YEAR ANNUAL TURNOVER:

10. LIST OF PRODUCTS:

(Use Separate Sheets if required)



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11. PRODUCT SPECIFICATION:

(Pl. specify if Std is applicable in separate sheet if required)

12. ORDER QUANTITY:

MINIMUM QTY. (TO OFFER AT A TIME) :

MAXIMUM QTY. (TO OFFER AT A TIME) :

13. ANY OTHER INFORMATION :

DATE

SUPPLIER'S SIGNATURE

TO BE FILLED BY Central Footwear Training Institute

COMMENTS

APPROVED / NOT APPROVED

AUTHORITY'S SIGNATURE



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