

Tata Memorial Hospital  
(Purchase Department)  
Dr. E. Borges Marg, Parel,  
Mumbai- 400 012

**Vendor Capability Proforma**

Vendor Name:	
Address (Reg) Office:	
Address Factory:	
Telephone No:	Fax No:
Email :	
Contact Person Name :	
Designation:	
Mobile No:	
Types of establishment : Manufacturer/Distributor/Dealer/Trader/Agent	
Constitution of company : Proprietary/Partnership/Limited/Other	
Year of Establishment :	
Items proposed to be supplied to the hospital :	
Name and address of Bankers & Account No. :	
Credit limit:	
PAN No:	
Sales Tax registration No.	
FDA license No. (if required)	
Factory Act License/SSI Registration/Shops and establishment license No.:	

**Commercial Information**

Are you in Rate Contract with DGS & D/ Railway/MCGB/BPT/ Any other hospital:-		
Principal customers Name and address	Product supplied	Value in Rs. Lacs per year

P.T.O.

**Other information**

Please enclosed the following:	
1	Balance sheet and P&L A/c for last three years
2	Latest Income Tax clearance Certificate
3	Copy of Sales Tax Licence if required
4	Copy of FDA License if required
5	Factories ACT License/SSI Registration/Shops And establishment License

Signature of the Vendor:

Date:

For TMH office use only

Inspection carried out by :
Inspection date:
Vendor Code:
Signature of inspector:
Approved / Rejected by:

Purchase Officer