

Sr. No.	Item	Information to be filled by participant
1	Name of the participant	
2.	Address	
3.	Telephone Number: Office /Residence:  Mobile Number:  E-Mail address:	
4.	Details of Registration (number & date):	
5.	Month and Year in which the firm /company was formed/ incorporated.	
6.	Completed ERP works (Completion certificate shall be attached)	
7.	Average Annual Turnover of Last Three Financial Year (attached audited balance sheet & profit & Loss account)	FY 2019-20:  FY 2021-22:  FY 2022-23:

Date:

Name and Signature

Place:

Office seal