IMPORTANT INSTRUCTIONS

1. Validity of the V.R. FORM is 3 months from the date of issue.

2. The V.R. Form is to be completed in all respects. If any item is not relevant, please write “Not Applicable”.

3. Submission of incomplete application/short receipt of documents shall be sufficient cause for outright rejection and no further correspondence shall be entertained.

4. Physical verification of facilities as well as statements made/submitted will be carried out as necessary. Misinformation, if any, will made the registration liable to be cancelled.

5. Enclose Rs. 500/- in shape of DD in favour of OPGCLtd. On SBI Banharpali (Code no. 9510).

6. Enclose all relevant documents.

7. Do not enclose any other document unless specially asked for.

8. Each page of the V.R. Form to be duly signed at the bottom.

FOR OFFICE USE ONLY

M.R No. ………………….. V.R. Form No. …………………..
Date ………………………
Date of issue of V.R. Form ………………………………………
V.R. Form issued to ……………………………………………
Name & Address ……………………………………………
…………………………………………
…………………………………………
V.R. Form issued by ……………………………………………
Designation ……………………………………………
V.R. Form Received by ………………………………………
Name ……………………………………………………………
…………………………………………………………
Signature & Date ……………………………………………
Designation ……………………………………………
ODISHA POWER GENERATION CORPORATION LTD.
IB THERMAL POWER STATION

PURCHASE DEPARTMENT

AT/PO: BANHARPALI ; DIST. JHARSUGUDA-768234 (ODISHA), INDIA

Telephone No. 06645 289232, 289315, 289317, 289318
Fax No. 06645 289317, 222230, 222220
E-Mail address: contract@opgc.co.in

VENDOR REGISTRATION FORM FOR CONTRACTOR

1. Name of the Organisation : ...........................................................................................................................................
   (in full, in Block letters)

2. Type of Contracting/Sub-Contracting work for which registration is sought: ...........................................................................................................................................

3. Name & Telephone No. of contact person : ............................................................................................................................................

4. (a) Head Office/Registered Office/Address : ............................................................................................................................................
   Telephone No. .............................................................................................................................................
   Fax No. ..............................................................................................................................................

   (b) Branch Office in Bhubaneswar/State of Orissa, Address: ............................................................................................................................................
   Telephone No. .............................................................................................................................................
   Fax No. ..............................................................................................................................................

5. Name of Chief Executive/Proprietor/Partners : ............................................................................................................................................
   Telephone No. .............................................................................................................................................
   Fax No. ..............................................................................................................................................

6. Type of Organisation Documents to be enclosed
   (Strike out those not applicable) (Enclosure – I)
   a) Proprietary Trade Licence
   b) Partnership Partnership Deed, Trade Licence
   c) Private Limited Company ) Memorandum of Article
   d) Public Limited Company ) Certificate of Registration
   e) Public Sector ) Trade Licence

-------------------------------------------------------------
Signature of Vendor
7. Are you a SSI/NSIC Industry?  
   Yes/No.  
   Enclosure – 2

8. Organisation Structure No. of Employees (Total)  
   Enclosure – 3
   a) Administrative  
   ........................................
   b) Technical/Supervisory  
   ........................................
   c) Skilled Workmen  
   ........................................
   d) Unskilled Workmen  
   ........................................

9. Do you have workshop facility? If yes, give details of Plant, Machinery & Equipment  
   Yes/No.  
   Enclosure – 4

10. Quality Assurance Plan  
    Enclosure – 5 (Write up)
    a) Have you obtained ISO 9000 certification?  
    Yes/No.  
    Enclosure – 6
    b) Are you registered with the Classification societies? If yes, specify and enclose copy of the certificate  
    Yes/No  
    Enclosure – 7

11. Performance
    Have you received orders from reputed organisation including OPGCL? If yes, enclose copies of order and performance report of three different organisations (one each)  
    Yes/No  
    Enclosure – 8

12. Last Income Tax Clearance certificate  
    Enclosure – 9

13. I) ESI Registration No.  
    .................................  
    ii) If not registered with ESI, the contribution to ESI will be deducted from the Bill as per rule  
    Yes/No

14. Annual Turnover during last 3 years (Enclose Balance Sheet for last year)  
    Enclosure – 10
    Year  
    .................................  
    Turnover in Lakhs (Rs)  
    .................................
    a)  
    ........................................
    b)  
    ........................................
    c)  
    ........................................
    d) Current Year (estimated)  
    ........................................

---------------------------------------------------------------------
Signature of Vendor
DECLARATION BY VENDOR

I confirm that

i) No employee or direct relation of any employee of OPGC Ltd. is in any way connected as Partner/Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.

ii) The information furnished are correct to the best of my knowledge and belief.

(Signature of Proprietor/Partner/Chief Executive)

Name .................................................................
(in Capital Letter)

Place : ..............................

Date : .............................. (Seal of Vendor)

• Strike out those which are not applicable.
ODISHA POWER GENERATION CORPORATION LTD.  
IB THERMAL POWER STATION  
PURCHASE DEPARTMENT  
AT/PO: BANHARPALI ; DIST.JHARSUGUDA-768234 (ODISHA),INDIA  
Telephone No. 06645 289354, 289355, 289356  
Fax No. 06645 222220, 289355  
e-Mail address: purchase@opgc.co.in  

VENDOR REGISTRATION FORM FOR MANUFACTURER

1. Name of the Organisation : ...........................................................................................................
   (in full, in Block letters)

2. List of products for which the registration is sought : ..............................................................................

3. Name & Telephone No. of contact person : ..............................................................................................

4. (a) Head Office/Registered Office/Address : ............................................................................................
   Telephone No. ........................................................................................................................................
   Fax No. ...................................................................................................................................................
   Email: ...................................................................................................................................................

   (b) Branch Office in Bhubaneswar/State of Orissa, if any Address : ..........................................................
   Telephone No. ........................................................................................................................................
   Fax No. ...................................................................................................................................................
   Email: ...................................................................................................................................................

   (c) Works/Factory/Address : ....................................................................................................................
   Telephone No. ........................................................................................................................................
   Fax No. ...................................................................................................................................................

5. Name of Chief Executive/Proprietor/Partners : ............................................................................................
   Telephone No. ........................................................................................................................................
   Fax No. ...................................................................................................................................................

6. Type of Organisation : Documents to be enclosed  
   (Strike out those not applicable) (Enclosure – I)
   a) Proprietory ................................................................. Trade Licence  
   b) Partnership .............................................................. Partnership Deed, Trade Licence  
   c) Private Limited Company ....................................... Memorandum of Article  
   d) Public Limited Company ......................................... Certificate of Registration  
   e) Public Sector ............................................................ Trade Licence

________________________________________________________________________________________

Signature of Vendor
7. Are you a SSI/NSIC Industry (Medium/Small/Micro Status): Yes/No. If Yes Details.  
   Enclosure – 2

8. Organisation Structure No. of Employees (Total)  
   a) Administrative  
   b) Technical/Supervisory  
   c) Skilled Workmen  
   d) Unskilled Workmen  
   Enclosure – 3

9. Details of production facilities  
   a) Covered Area  
   b) Uncovered area  
   c) Connected load in K.W  
   d) List of Plant & Machinery  
   Enclosure - 4

10. Quality Assurance Plan  
    a) List of instruments/equipments available to maintain quality  
    b) Have you obtained ISO 9000/9001/14001/OHSAS 18001 certification? Yes/No.  
       If yes, enclosed copy  
    Enclosure – 5 (Write up)  
    Enclosure – 6

11. Performance  
    Have you received orders from reputed organisation Including GRSE?  
    Yes/No  
    Enclosure – 9

12. Last Tax Clearance certificate  
    a) Income Tax/PAN No.  
    b) State Sales Tax/VAT/TIN No.  
    c) Central Sales Tax/ ECC No./Service Tax No.  
    Enclosure – 10  
    Enclosure – 11  
    Enclosure – 12

13. Do you provide after Sales Service?  
    If no, mention your Service agent.  
    Yes/No  
    Enclosure – 13

14. Annual Turnover during last 3 years (Enclose Balance Sheet for last year)  
    Year  
    Turnover in Lakhs (Rs)  
    a) ……………………….  
    b) ……………………….  
    c) ……………………….  
    d) Current Year (estimated)  
    Enclosure – 14

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Signature of Vendor
DECLARATION BY VENDOR

I confirm that

1) No employee or direct relation of any employee of OPGCL Ltd. is in any way connected as Partner/Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.

2) The information furnished are correct to the best of my knowledge and belief.

__________________________
(Signature of Proprietor/Partner/Chief Executive)*

Name ________________________________________
(in Capital Letter)

Place : ..........................

Date : ........................  (Seal of Vendor)

• Strike out those which are not applicable.

V.R Form No .................
VENDOR REGISTRATION FORM FOR TRADER/DEALER

1. Name of the Organisation : .................................................................
   (in full, in Block letters)

2. List of items for which the registration is sought
   : ........................................................................................................

3. Name & Telephone No. of contact person : ...........................................

4. (a) Head Office/Registered Office/Address
   : ........................................................................................................
   Telephone No. ....................................................................................
   Fax No. ..............................................................................................
   Email: ............................................................................................... 

   (b) Branch Office in Bhubaneswar/State of Orissa, if any Address
   : ........................................................................................................
   Telephone No. ....................................................................................
   Fax No. ..............................................................................................
   Email: ............................................................................................... 

5. Name of Chief Executive/Proprietor/Partners
   : ........................................................................................................
   Telephone No. ....................................................................................
   Fax No. ..............................................................................................

6. Type of Organisation
   : ........................................................................................................
   Documents to be enclosed

   (Strike out those not applicable)   (Enclosure – I)
   a) Proprietary Trade Licence 
   b) Partnership Partnership Deed, Trade Licence
   c) Private Limited Company Memorandum of Article
   d) Public Limited Company ) Certificate of Registration
   e) Public Sector ) Trade Licence

   -----------------------------------
   Signature of Vendor
7. Do you have dealership of the items under Sl. No. 2 above. If yes, enclose valid dealership Certificate
   Yes/No. Enclosure – 2

8. Quality Assurance Plan
   a) Does your Principal have obtained ISO 9000/9001/14001/18001 certification? If yes, enclose copy Enclosure – 3
   b) Are you registered with the Classification societies? If yes, specify and enclose copy of the certificate Enclosure – 4

9. Performance
   Have you received orders from reputed organisation, including NTPC/OGPC if yes, enclose copies of orders and performance report of three different organisations (one each) Enclosure - 5

10. Last Tax Clearance Certificate
    a) Income Tax/PAN No
    b) State Sales Tax/VAT No./TIN No
    c) Central Sales Tax/ECC No./Service Tax no.
    Enclosure - 6, 7, 8

11. Do you provide after Sales Service? If no, mention your service agent. (copy of service agreement) Enclosure – 9

12. Do you undertake the responsibility to replace the defective items supplied by you? Yes/No

13. Annual Turnover during last 3 years (Enclose Balance Sheet for last year) Enclosure – 10

<table>
<thead>
<tr>
<th>Year</th>
<th>Turnover in Lakhs (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
</tr>
<tr>
<td>d) Current Year (estimated)</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Vendor
DECLARATION BY VENDOR

I confirm that

1) No employee or direct relation of any employee of OPGCL Ltd. is in any way connected as Partner/Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.

2) The information furnished are correct to the best of my knowledge and belief.

-----  ____________________________________________
(Signature of Proprietor/Partner/Chief Executive)*

Name                                  ____________________________
          (in Capital Letter)

Place :  ____________________________

Date :  ____________________________  (Seal of Vendor)

• Strike out those which are not applicable.