



RAJKOT MUNICIPAL CORPORATION  
ACCOUNTS DEPARTMENT  
ROOM NO.4, 2nd FLOOR  
DR. AMBEDKAR BHAVAN,  
DHEBAR ROAD,  
RAJKOT-360001

## PARTY/VENDOR REGISTRATION FORM

VENDOR CODE	:	
PARTY NAME	:	
AUTHORIZED PERSON	:	
PAN CARD NO.	:	
GST NO.	:	
ADDRESS	:	
CITY	:	
PHONE NO.	:	
MOBILE NO.	:	
E-MAIL ID	:	
WEBSITE	:	
AREA OF WORK	:	
BANK DETAILS (ATTACH COPY OF CANCELLED CHEQUE)		
BANK NAME	:	
BRANCH NAME	:	
MICR CODE	:	IFSC CODE :
ACCOUNT TYPE	:	
ACCOUNT NO.	:	

- 1) ANY VENDOR WHILE FILLING A TENDER SHALL QUOTE REGISTRATION DETAILS; IF HE IS NOT REGISTERED HE WILL GIVE FRESH DETAILS ALONG WITH TENDER.
- 2) ACCOUNTS BRANCH WILL DESIGNATE A PERSON WHO WILL KEEP THE FORMS AND ALSO AUTHORIZE NEW REGISTRATIONS OR EDIT EXISTING REGISTRATIONS.

### CERTIFICATE

TO,  
CHIF ACCOUNTANT,  
ACCOUNT DEPARTMENT,  
RAJKOT MUNICIPAL CORPORATION

THIS IS TO CERTIFY THAT THE ABOVE MENTIONED DETAILS FOR VENDOR REGISTRATION HAS BEEN VERIFIED BY US & FOUND CORRECT.

SIGN  
NAME  
DESIGNATION  
DEPARTMENT NAME