Specimen Application

Registration of Goods / Service Providers - 2025 Irrigation Department

Item No	Item Name

02.	Office under which the registration in sought. (Please submit separate application for each office, either Head Office / Range Office) **Please refer table given item 2 – "Registration"	
03.	Business Name of the Firm / Company	
04.	Business Address of the Firm / Company	
05.	Telephone No. / Fax No. / Email Address	
06.	Business Registration Certificate No. and Date (Certified copy is annexed)	
07.	Type of Business	
08.	Name of the Bankers & Account Nos.	
09.	Credit period & limit.	
10.	Registration fee (Amount & Cheque No.) ** Please refer above item 1.2	
11.	In the case of any emergency contact Contact person name, designation & telephone number	