

Supplier Master Form

General information about the Supplier

Supplier Type
Department Responsible

Name of Supplier JAIN PRINTER

Supplier Address HOUSE NO. 50, S.C. ROAD, NEAR ICICI BANK

Country India

City GUWAHATI

Currency Indian Rupee

Email Address jain.printer.ghy@gmail.com

Name of Contact Person VIPUL JAIN

Corporate Identification Number (CIN) NA

State Assam

Postal Code 781001

Landline Number 9864091481

Email - Business/ Op's Team	jain.printer.ghy@gmail.com	Name	VIPUL JAIN	Mobile Number	9864091481
Email - Accounts Departmen	jain.printer.ghy@gmail.com	Name	VARSHA JAIN	Mobile Number	9864091481
Email - CFO		Name		Mobile Number	
Email - CEO Or Director		Name		Mobile Number	

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
JAIN PRINTER	ICICI BANK	386305500077	ICIC0003863	003863	ICICINBBNRI

Statutory Details

PERMANENT ACCOUNT NUMBER (PAN)	GST NUMBER (GSTN)	MSME (UDYAM REGISTRATION NUMBER)	LOWER TDS CERTIFICATES U/S. 197 (IF APPLICABLE)	VAT TIN NUMBER (IF APPLICABLE)	FSSAI NUMBER (IF APPLICABLE)	PF & ESIC REGISTRATION NUMBER (IF APPLICABLE)
BCAPJ9796D	18BCAPJ9796D1Z9	NA	NA		NA	

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
VIPUL JAIN	9864091481	jain.printer.ghy@gmail.com	HOUSE NO. 50, S.C. ROAD, NEAR ICICI BANK, guwahati - 781 001	India	Assam	guwahati	18BCAPJ9796D1 Z9	AA180717055760X_RC 17052018.pdf

Product & services proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	4817	PRINTING MATERIALS

Legal Entity

Public Ltd Company
 Pvt Ltd Company
 Partnership Firm
 Proprietor Individual
 Trust
 LLP
 HUF
 AOP

Agreed Payment Terms (In Days)

30 Days
 45 Days
 60 Days
 90 Days
 Other : ADVANCE

Category And Sub Category Data

Sr. No	Category	Sub Category
1		

Registration to be done for entity

SELECT	ENTITY NAME	ENTITY WISE SUPPLIRE CODE
<input type="checkbox"/>	BLR LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES CHENNAI PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES KOLKATA PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TFS (R&R Works) Private Limited	
<input checked="" type="checkbox"/>	Semolina Kitchens Private Limited	
<input type="checkbox"/>	TRAVEL RETAIL SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD	
<input type="checkbox"/>	Deluxe Caterers Pvt. Ltd.	
<input type="checkbox"/>	KAPCO BANQUETS AND CATERING PVT LTD	
<input type="checkbox"/>	Travel Food Services (Terminal-3) Pvt. Ltd.	
<input type="checkbox"/>	GMR HOSPITALITY LIMITED	

Documents to be submitted

Status of submission	Documents to be submitted along with Supplier Master Form
<input checked="" type="checkbox"/>	Copy of PAN card
<input checked="" type="checkbox"/>	Copy of GST Certificate
<input type="checkbox"/>	Copy of VAT Certificate
<input type="checkbox"/>	Lower TDS Certificates u/s. 197
<input type="checkbox"/>	Valid MSME - Udyam Certificate
<input type="checkbox"/>	Valid FSSAI Certificate
<input type="checkbox"/>	Copy of PF/ESIC registration Certificate
<input checked="" type="checkbox"/>	Copy of cancelled cheque/ Details of bank account on letter head along with stamp and sign from Bank
<input type="checkbox"/>	Self-Declaration in case of not registered under GST as per threshold limit
<input type="checkbox"/>	CIN Number Registration Certificate
<input type="checkbox"/>	Document for Modification of Existing Record

Source Of Information

Source Of Information

Supplier

Is All Block

Is Payment Block

Additional Information

Legal Entity	<input checked="" type="checkbox"/> Proprietor Individual
Permanent Account Number (PAN)	BCAPJ9796D
GST Number (GSTN)	18BCAPJ9796D1Z9
MSME (UDYAM REGISTRATION NUMBER)	NA
Lower TDS Certificates u/s. 197	NA
VAT TIN Number	
FSSAI Number	NA
PF & ESIC registration Number	

"Declaration by local Supplier for registration as Supplier under Respective Entities

1. The nature of business and contact/correspondence details provided by me/us are correct and complete
2. The bank and branch details provided by me/us are correct and complete
3. I/We have furnished my/our Income tax PAN Number. Where I/we have not furnished my/our Income tax PAN Number: I/We understand and agree to receive payments made to me/us, at net of withholding taxes (TDS) at 20%.
4. The GST Registration Certificate furnished by me/us is the latest, updated and GST Registration Certificate. Where I/we have not submitted the GST Certificate: I/We hereby declare and affirm that I/we have not registered with the department, since I/we am/are not required to do so, as per the GST provisions. Accordingly, I/we shall not charge GST on invoices raised on respective entities, either now or in the future, for the period for which I/we have not registered under GST
5. I/We further undertake to immediately inform you regarding any changes to any of the aforesaid particulars . In cases where specific registration numbers have been applied for but have not been obtained, I/we shall furnish copies of the application for registration so made & shall also furnish the registration, immediately upon receipt of the same. Notwithstanding this declaration, Respective entity may, at its sole discretion, require confirmations or any similar documentation or information and I/we agree to co-operate with all such requests in this regard.
6. I/We declare that all the above information is true, correct and complete, to the best of my/our knowledge and belief. Accordingly, I/We understand that the company is entitled to place reliance on the documents submitted by me/us in good faith.
7. I/We also understand that quoting of any false information in this declaration shall render me /us liable for all applicable legal and penal consequences, for which I/we shall be solely responsible
8. I/We confirm that, if we get MSME registration in coming future, it will be communicated with you by providing valid certificate and we also obtain email confirmation regarding updation of our vendor master database. Till then there will be no liability, provision for Interest / penalty as per MSMED Act 2006 on the entity"

Authorized Signatory/Proprietor/Partner - with Date and Stamp

VIPUL JAIN _____

Signature of Supplier

JAIN PRINTER _____

Stamp

06/09/2024 _____

Date

For Internal use

Request Department

Name Moinaak Purkayastha _____

Moinaak Purkayastha _____

Signature

06/09/2024 _____

Date

Approving Manager

Name _____

Signature

Date