

## Supplier Master Form

### General information about the Supplier

<b>Supplier Type</b>		<b>Department Responsible</b>	
<b>Name of Supplier</b>	DEVARAMPALLI RAVINDER REDDY	<b>Name of Contact Person</b>	DEVARAMPALLI RAVINDER REDDY
<b>Supplier Address</b>	DEVARAMPALLI RAVINDER REDDY, 20-114, R B NAGAR, SHAMSHABAD, K. V. RANGAREDDY, TELANGANA	<b>Corporate Identification Number (CIN)</b>	NA
<b>Country</b>	India	<b>State</b>	Telangana
<b>City</b>	SHAMSHABAD	<b>Postal Code</b>	501218
<b>Currency</b>	Indian Rupee	<b>Landline Number</b>	9000122118
<b>Email Address</b>	ravinderreddydevarampally@gmail.com		
<b>Email - Business/ Op's Team</b>	ravinderreddydevarampally@gmail.com	<b>Name</b>	DEVARAMPALLI RAVINDER REDDY
		<b>Mobile Number</b>	9000122118
<b>Email - Accounts Departmen</b>	ravinderreddydevarampally@gmail.com	<b>Name</b>	DEVARAMPALLI RAVINDER REDDY
		<b>Mobile Number</b>	9000122118
<b>Email - CFO</b>	ravinderreddydevarampally@gmail.com	<b>Name</b>	DEVARAMPALLI RAVINDER REDDY
		<b>Mobile Number</b>	9000122118
<b>Email - CEO Or Director</b>	ravinderreddydevarampally@gmail.com	<b>Name</b>	DEVARAMPALLI RAVINDER REDDY
		<b>Mobile Number</b>	9000122118

### Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
Ravinder Reddy Devarampally	Bank of India	566320110000119	BKID0005663	Shamshabad	005663

### 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)
AKMPD9654R	NA	NA		NA	NA	NA

### Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT

### Product & services proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	997212	Space taken on Rent for Storage

### 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 : immediately

### 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"/>	Travel Food Services Private Limited - BLR	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	Travel Food Services Private Limited - TFSCPL	
<input type="checkbox"/>	Travel Food Services Private Limited - TFSKPL	
<input type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	Travel Food Services Private Limited - TFS Highway	
<input type="checkbox"/>	Semolina Kitchens Private Limited	
<input checked="" 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	
<input type="checkbox"/>	QMT LIFESTYLE AND TECHNOLOGY SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TFS GURGAON AIRPORT SERVICES PRIVATE 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 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 checked="" 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

<b>Legal Entity</b>	<input checked="" type="checkbox"/> Proprietor Individual
<b>Permanent Account Number (PAN)</b>	AKMPD9654R
<b>GST Number (GSTN)</b>	NA
<b>MSME (UDYAM REGISTRATION NUMBER)</b>	NA
<b>Lower TDS Certificates u/s. 197</b>	
<b>VAT TIN Number</b>	NA
<b>FSSAI Number</b>	NA
<b>PF &amp; ESIC registration Number</b>	NA

**"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**

DEVARAMPALLI RAVINDER REDDY

Signature of Supplier

DEVARAMPALLI RAVINDER REDDY

Stamp

07/11/2024

Date

**For Internal use**

**Request Department**

Name Sunil Ojha

Sunil Ojha

Signature

15/11/2024

Date

**Approving Manager**

Name

Signature

Date