



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK  
LALPUR, DIST. ANUPPUR (M.P.) -484 887

Email id: [librarian@igntu.ac.in](mailto:librarian@igntu.ac.in)

Phone No.07629 269725

APPLICATION FORM FOR EMPANELMENT OF VENDORS FOR SUPPLY OF BOOKS  
TO IGNTU, AMARKANTAK

**\*PLEASE READ THE "TERMS AND CONDITION S" CAREFULLY BEFORE  
FILLING THE**

**Form**

**(Strike off whichever is not applicable)**

To  
The Registrar  
IGNTU, Amarkantak  
Madhya Pradesh-484 887.

SL. No.	Details	Response
01	Name of the firm	
02	Date of Establishment (attach proof)	
03	Address	
	Email	
	Mobile No	
	Telephone No (Landline)	
	Fax	
	Website	
04	Constitution of Firm (Please Tick✓)	Proprietor/ Partnership/ Directors/Managing Directors of Company
05	Name of the Owner (s)	1. 2. 3.
	Email	1. 2. 3.
	Mob. No.	1. 2. 3.
06	If you are an authorized distributor of any publisher, Please provide name (s) of Publisher(s) whom you represent. (Attach Separate sheet)	
07	Membership details of National or State Level Booksellers and Publishers Association: ( Attach	1. 2. 3.



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	Proof)	4. 5.
08	Details of Demand Draft for Application Fees of Rs. 500 ( Rupees Five Hundered Only) in favor of the IGNTU Amarkantak (Non Refundable)	1. Demand Draft No. : 2. Date of Issue : 3. Issuing Bank :
9	Whether You are Income Tax Payee? If Yes, Please submit a copy of Income tax return field for last three consecutive Years. ( Attach Proof)	1. 2015-16 : 2. 2016-17 : 3. 2017-18:
10	Minimum five (05) references of the Libraries of Central Universities or State Universities or Centrally Funded Institutes with whom you are already registered as vendor (Central Universities)	1. 2. 3. 4. 5.
11	Minimum Rs 100 Lakhs Annual Turnover of the firm for every year in the last Three Consecutive financial years (Attach proof of document by Chartered Accountant)	1. 2015- 16 : 2. 2016- 17 : 3. 2017- 18: Total : Average :
12	PAN TAN (Copy Attached)	PAN :  TAN:
13	Bank Details of Vendors/ Suppliers or distributors	(a) Name of the bank : (b) Address : (c) Bank Account Number : (d) Name of the Account Holder : (e) IFSC Code : (f) MICR Code : (g) Date of opening of Account : (h) Type of Account ( Saving/ Current) :
14	Are You a distributor/ dealer/ stockiest/ executive/ preferred agent of the publishers?	If so, Please submit the most recent authority letters issued by the publishers.
15	Do you have the direct import license?	If yes, please attach a copy of the same
16	Execution of highest single order	



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	along with price( Attach Proof)	
17	Have your firm ever been debarred/ black listed for doing business from any Government Organization	If no, Please furnish self- declaration of an affidavit raised on non- judicial stamp paper of Rs. 100 ( Rupees hundred only ).
18	Specialist of supply of books by subject. Kindly provide proof of supply. (tick mark)	1. Science and Technology : Yes ( ) No ( ) 2. Social Science: Yes ( ) No ( ) 3. Medical Science: Yes ( ) No ( ) 4. Linguistics: Yes ( ) No ( ) 5. Arts & Humanities: Yes ( ) No ( )

**Checklist of Enclosures:**

01	Proof of your membership in any of the associations: (i) Good Offices Committee (GOC) (ii) Federation of Publishers' and Booksellers' Association of India (FPBAI) (iii) Any other State / National Association(s) of books suppliers	
02	Copies of the authority letters issued by the publishers along with details of your distributorship / dealership / stockiest / exclusive or preferred agent(s).	
03	Copy of PAN Card of firm / owner / partners.	
04	One copies each of Income Tax returns of last three consecutive years.	
05	Details of your firm's Sales Tax Registration Number (Copy of GST, CST Certificate).	
06	Minimum five (05) references of the Libraries of Central Universities or State Universities or Centrally Funded Institutes with whom you are already registered as vendor (Central Universities)	
07	Minimum Rs 100 Lakhs Annual Turnover of the firm for every year in the last Three Consecutive financial years (Attach proof of document by Chartered Accountant)	
08	Affidavit on a non-judicial stamp paper of Rs. 100/- of not having black-listed for minimum three (03) years by any of the Institutes or Universities or Government organizations in India.	

**DECLARATION**

1. I/We

(Names of proprietor(s)/partners or shareholders) hereby declare that the information provided in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney.

2. I/We also hereby declare that all matters related to Indira Gandhi National Tribal University Amarkantak shall be treated as confidential and no information shall be



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passed on to any unauthorized person without written permission of the Competent Authority of IGNTU Amarkantak.

3. Mr. \_\_\_\_\_,  
Whose signatures are appearing below, is/are the authorized representative(s) of the firm.
4. I/We also undertake the responsibility to communicate all subsequent changes in the constitution or working of firm, affecting the accuracy of the facts, stated above.
5. I/We assure that if empanelled, the firm will serve the Prof. Ram Dayal Munda Central Library, IGNTU Amarkantak for a minimum period of two year.
6. I/We have read and understood all the “**Terms and Conditions**” of Prof. Ram Dayal Munda Central Library, IGNTU Amarkantak as mentioned in this document and consciously agree to abide by them.
7. If selected for empanelment, I/we agree to furnish a Refundable Security Deposit of Rs. 25,000/- as performance guarantee deposit, at the time of personal interaction.

Signature of Partner/Proprietor/director  
(Seal of the Firm)

Place:

Date: