

**ANNEXURE-5**

**IMM Department**  
**Application for Registration as Approved Supplier (Foreign Suppliers - Manufacturer)**

Ref:  
(Office Use Only)

1	Name of the Firm	
2	Parent Company	
3	Address	
	City	
	State & Zip Code	
	Country	
4	Contact Name	
5	Phone	
6	Fax	
7	E-mail	
8	Web site	
9	Category	<input type="checkbox"/> Original Equipment Manufacturer (OEM) <input type="checkbox"/> Consortiums/ State/ Govt. Agencies <input type="checkbox"/> Others
10	Company Type	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Educational or Research Institute <input type="checkbox"/> Trust <input type="checkbox"/> Others
11	Capital Employed	
12	Annual Sales	
13	Quality Certifications/ Accreditation	
14	Employees (Total)	

15	Products / Services	
16	Major Customers	
17	Address of Liaison office /Branch office/subsidiary in India if any with details of necessary clearance from Reserve Bank of India	
18	Details of authorised Stockist/ Distributor/ Service Centers if any to manage HAL supplies	

19      Company's Catalogue/ Brochure enclosed.                      Yes              No

Date.....

Name.....

Position.....

**Note:** Vendor is requested to get e-registered on line at HAL E-Portal. Visit <http://eproc.hal-india.com> or [www.hal-india.com](http://www.hal-india.com)