



DHA SUFFA UNIVERSITY

Off Khayaban-e-Tufail, Phase-VII (Extn), DHA, Karachi-75500

Contractor / Vendor / Supplier – Registration Form

1. Category (Tick the applicable boxes)

<input type="checkbox"/> Lab Equipment	<input type="checkbox"/> Electrical Appliances	<input type="checkbox"/> Freight / Transportation
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Construction/Civil Works	<input type="checkbox"/> General Order Supplier
<input type="checkbox"/> Printing/Publication	<input type="checkbox"/> IT Devices & Accessories	<input type="checkbox"/> Other.....
<input type="checkbox"/> Audio/Video Equipment & Services	<input type="checkbox"/> Catering & Event Organizing	

2	Name of Company / Business	
3	Business Address	
4	Tel No. & Cell No.	
5	Fax No. & Email ID	

6. Type/Nature of Business (Tick the applicable boxes)

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Tier-1, Partner	<input type="checkbox"/> Consultant
<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trader
<input type="checkbox"/> Partnership	<input type="checkbox"/> Authorized Dealer/Distributor	<input type="checkbox"/> Other.....

7	NTN:	GST No.	
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8. Authorised Signatories
(Authorized to Sign Bids / Offers / Contracts & Receive the Cheques)

S#	Name / Designation	CNIC	Cell / Tel. No.	Signature

9	Bank's Name:	
	Branch Address:	
	Complete Account No with Branch Code:	
	Title of Account:	

10	Business Experience (Give names of two organizations to whom you have been providing services / supplies).	

11	Details of the Owner of the Company / Business	Name	
		Father's Name	
		CNIC No.	
		Cell No(s)	
		Tel No(s)	
		Fax No(s)	
		Business address	
		Residential address	
	Email address		

12. Declaration:

I, _____ S/o _____
 CNIC No. _____ Designation _____ of
 M/s: _____ do hereby declare
 and confirm that the information provided herein is true, accurate and correct to the best
 of my knowledge and belief and nothing has been concealed intentionally. I agree that
 this registration, if accepted, shall be valid for 3 years from the date of approval and it
 does not constitute any obligation whatsoever on the part of DSU. I also confirm that in
 the event of any changes of status or changes in the elements of the aforementioned
 information, details shall be provided as and when changes take place.

Signature

Name

Date

Seal of the Company / Vendor / Supplier / Contractor:

Note: In case of any complaint, submit it in writing to Admin & Security Officer DSU
 (Email Address: ao@dsu.edu.pk) with info / cc to Vice Chancellor, DSU
 (Email Address: vc@dsu.edu.pk) through post or email.