

FORM A/2026-2027/SR

To : .....

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**REGISTRATION OF SUPPLIERS / CONTRACTORS - FINANCIAL YEAR 2026 / 2027**

The following documents are to be forwarded on or before 30<sup>th</sup> APRIL 2026 to reach the Purchasing Division:

1. Duly completed application form for Registration - Form I/2026-2027/SR
2. Duly completed record of previous and present experience - Form II/2026-2027/SR
3. Duly completed detailed list of Items / Services being provided - Form III/2026-2027/SR
4. Certified copy of the Business Registration
5. Certified copy of Quality Standards certificate (if available only)
6. Copy of the payment slip for the Non-refundable Registration fee.

The following terms and conditions apply to all Suppliers / Contractors:

- A) Prices provided have to be maintained from date of Registration to 31<sup>st</sup> December 2026.
- B) Delivery must be in accordance with the requirements of the Hospital
- C) The Hospital has the authority to reject or terminate the items / services of the Supplier / Contractor.
- D) Payment should only be made to Ninewells Hospital (Pvt) Ltd. **A/C No. 002010562617/ Hatton National Bank - City Office Branch**

If any additional relevant documentation is available, please attach certified copies to the Application Form when submitting.

Manager Procurement  
Ninewells Hospital(Pvt)Ltd.

FORM 1/2026-2027/SR

**APPLICATION FORM - REGISTRATION OF SUPPLIERS / CONTRACTORS - FINANCIAL YEAR 2026 / 2027**

Item / Category applying for : .....

Name of Applicant: .....

Address: .....

Telephone No.: .....

Fax No.: .....

Mobile No.: .....

E-mail / Web: .....

Business Registration No.: .....

Nature of Business: .....

Principal line of bssiness: .....

Names of Directors/Partners/  
or Sole Proprietor: .....

Names of Bankers: .....

VAT Registration Number: .....

(if available only attach copy)

Credit Period provided: .....

Name/s of foreign Supplier /  
Manufacturer you represent: .....

Country of Origin: .....

Warranty / Guarantee period: .....

DECLARATION: I/We herewith declare that the information provided by me/us above is true and accurate.

Date: .....

Name of Applicant: .....

Designation of Applicant: .....

Signature of Applicant: .....

Company Seal: .....



