

## VENDOR REGISTRATION FORM

Form Ref: FOD/HRDC-VRF-08 | Fiscal Year 2083–84 BS (2026/27)

Hospital and Rehabilitation Centre for Disabled Children (HRDC) | Operated by Friends of the Disabled (FOD)

### PART A — APPLICANT IDENTIFICATION

Legal Name of Entity	
Type of Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Company <input type="checkbox"/> NGO/INGO <input type="checkbox"/> Other: _____
Country of Registration	Nepal
Registered Office Address	
Mailing Address (if different)	
District / Province	
Office Telephone	
Mobile / WhatsApp	
Official Email Address	
Website (if applicable)	

### PART B — LEGAL REGISTRATION & TAX DETAILS

Business Registration No.	
Registration Issuing Authority	
Date of Registration (BS / AD)	
PAN Number	
VAT Registration Number (if applicable)	
Tax Clearance Certificate No.	
Tax Clearance Issued For FY	
Annual Renewal Certificate No. (FY2082-83)	

### PART C — PROPRIETOR / DIRECTORS / AUTHORIZED REPRESENTATIVE

S.N.	Full Name	Designation	Citizenship No.	Contact Mobile	Email
1					
2					

**PART D — BUSINESS PROFILE**

<b>Year of Establishment (BS)</b>	
<b>Number of Full-Time Staff</b>	
<b>Annual Turnover — Previous Year (NPR)</b>	
<b>Principal Banker in Nepal</b>	
<b>Core Business Activity</b>	

**PART E — VENDOR CATEGORY APPLIED FOR**

Place a tick (✓) against all categories for which registration is sought. Attach supporting evidence of experience/capability for each selected category.

S.N.	✓	Category	✓	Sub-Category / Items (specify)
1	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	
2	<input type="checkbox"/>	Implant	<input type="checkbox"/>	
3	<input type="checkbox"/>	Food	<input type="checkbox"/>	
4	<input type="checkbox"/>	Meat and Egg	<input type="checkbox"/>	
5	<input type="checkbox"/>	Vegetable Items	<input type="checkbox"/>	
6	<input type="checkbox"/>	Lab Reagents	<input type="checkbox"/>	
7	<input type="checkbox"/>	Raw Leather	<input type="checkbox"/>	
8	<input type="checkbox"/>	Prosthetic & Orthotics Items	<input type="checkbox"/>	
9	<input type="checkbox"/>	Disposable Medical Materials	<input type="checkbox"/>	
10	<input type="checkbox"/>	IT & Technology Goods	<input type="checkbox"/>	
11	<input type="checkbox"/>	Stationery	<input type="checkbox"/>	
12	<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>	
13	<input type="checkbox"/>	Printing Goods	<input type="checkbox"/>	
14	<input type="checkbox"/>	Assistive Devices	<input type="checkbox"/>	
15	<input type="checkbox"/>	Hotel Accommodation Service (specify location/s)	<input type="checkbox"/>	
16	<input type="checkbox"/>	Vehicle Transportation Service (specify location/s)	<input type="checkbox"/>	
17	<input type="checkbox"/>	Construction & Civil Works	<input type="checkbox"/>	
18	<input type="checkbox"/>	HR Outsourcing — Domestic & Clinic Services	<input type="checkbox"/>	
19	<input type="checkbox"/>	Security Guard Services	<input type="checkbox"/>	

**PART F — PREVIOUS EXPERIENCE WITH FOD/HRDC OR SIMILAR ORGANIZATIONS**

S.N.	Organization / Client	Nature of Supply / Service	Contract Value (NPR)	Year (BS)	Contact Reference
1					
2					
3					

**PART G — DOCUMENT CHECKLIST**

Tick each document included with this application. Self-attest each copy with your signature and office seal.

✓	Document	✓	Document
<input type="checkbox"/>	Business Registration Certificate	<input type="checkbox"/>	Tax Clearance Certificate
<input type="checkbox"/>	PAN Certificate	<input type="checkbox"/>	Annual Renewal Certificate (Previous Year)
<input type="checkbox"/>	VAT Registration Certificate (if applicable)	<input type="checkbox"/>	Citizenship Certificate of Proprietor / Director / Authorized Signatory
<input type="checkbox"/>	Board Resolution / Power of Attorney	<input type="checkbox"/>	Partnership Deed (for partnership firms)
<input type="checkbox"/>	Company Profile / Capability Statement	<input type="checkbox"/>	Bank Solvency / Financial Capacity Letter (recommended)

**PART H — DECLARATION**

**I/We, the undersigned authorized representative(s) of the applicant entity, hereby solemnly declare that:**

- All information provided in this application is true, accurate, and complete to the best of my/our knowledge.
- All attached documents are genuine, valid, and currently in force.
- The applicant entity is not debarred, blacklisted, or disqualified by any Government of Nepal authority, international organization, or donor agency.
- No director, partner, or owner of the applicant entity is related to any member of the FOD/HRDC Executive Board or Procurement Committee in a manner that would constitute a conflict of interest under the FOD/HRDC Procurement Policy.
- The applicant entity will promptly notify FOD/HRDC of any material change in its legal status, registration, tax compliance, or ownership structure.
- I/We understand that any false declaration or submission of fraudulent documents will result in immediate disqualification and may be referred to the relevant authorities under Nepalese law.

AUTHORIZED SIGNATORY	FOR OFFICIAL USE ONLY — FOD/HRDC
Name: _____	Application Ref. No.: _____
Designation: _____	Date Received: _____
Signature: _____	Documents Verified: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Date (BS / AD): _____	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
Office Seal / Stamp:	Vendor Code Assigned: _____
	Procurement In charge: _____
	Signature: _____

— End of Document —