
 <p>केन्द्रीय विद्यालय संगठन</p>	 <p>PM SHRI</p>	<p>ವಿವಿಮ್ ಶ್ರೀ ಕೇಂದ್ರೀಯ ವಿದ್ಯಾಲಯ ಸಂಖ್ಯೆ ೨ ಬೆಲಗಾವಿ ಛಾವಣಿ ಮಿಲಿಟರಿ ಆಸ್ಪತ್ರೆ ರಸ್ತೆ, ಬೆಲಗಾವಿ ದಂಡು ೫೯೦೦೦೯</p> <p><b>पीएम श्री केन्द्रीय विद्यालय क्र.२ बेलगावी छावनी</b> (शिक्षा मंत्रालय भारत सरकार के अधीन स्वायत्त संस्थान) सैनिक अस्पताल मार्ग, बेलगावी छावनी ५९०००९</p> <p><b>PM SHRI KENDRIYA VIDYALAYA NO 2 BELAGAVI CANTT</b> An autonomous body under the Ministry of Education, Government of India Near Military Hospital Road Camp Belagavi-590009</p> <p>दूरभाष: 0831-2970092</p>
<p>e-Mail: <a href="mailto:kvno2belgaumcantt@gmail.com">kvno2belgaumcantt@gmail.com</a> Website: <a href="https://no2belagavicantt.kvs.ac.in">https://no2belagavicantt.kvs.ac.in</a></p>		

F-1-35/KV2/BGV/2025-26/

21.07.2025

**TERMS AND CONDITION FOR REGISTRATION OF FIRMS  
AS APPROVED SUPPLIERS VENDORS FOR THE AY 2025-26**

1. Application submitted by the firm(s) in the prescribed application form (for separate application for each group) only will be accepted.
2. Application form shall be signed by the authorised representative of the firm.
3. Competent authority of PM SHRI Kendriya Vidyalaya No.2 Belagavi Cantt. reserves the right to reject any application.
4. Preference will be given to those firms who are on the approved list of government department and Public Sector Undertakings or ISO Certificate holders or dealers authorised by manufacturers.
5. The registration as approved supplier will be kept valid for a period of 01 year. However, it will be reviewed once in a year, eliminating firms which may have gone out of business or whose performance has been found to be unsatisfactory.
6. Prescribed application form may be obtained from <https://no2belagavicantt.kvs.ac.in/> or from school office (between 1.30 pm and 4.00 pm on working days)
7. In case of accredited agents and authorised dealers/stockiest, satisfactory evidence from their manufacturers shall be submitted along with the completed application form.
8. Any change in address, phone number, and e-mail id shall be informed to PM SHRI Kendriya Vidyalaya No.2 Belagavi Cantt. immediately, so as to have proper communication with these firms/manufacturers.
9. The documents that are to be enclosed with the registration form.
  - (i) Registration of firm and GST
  - (ii) PAN number copy
10. The application, along with all other documents, should be submitted to the school office before 31.07.2025



(Mahendra Kalra)  
Principal



केन्द्रीय विद्यालय संगठन

e-Mail: [kvno2belgaumcantt@gmail.com](mailto:kvno2belgaumcantt@gmail.com)

Website: <https://no2belagavicantt.kvs.ac.in>



ಪಿಎಮ್ ಶ್ರೀ ಕೇಂದ್ರೀಯ ವಿದ್ಯಾಲಯ ಸಂಖ್ಯೆ ೨ ಬೆಳಗಾವಿ ಛಾವಣಿ  
ಮಿಲಿಟರಿ ಆಸ್ಪತ್ರೆ ರಸ್ತೆ, ಬೆಳಗಾವಿ ದಂಡು ೫೯೦೦೦೯

**पीएम श्री केन्द्रीय विद्यालय क्र. २ बेलगावी छावनी**

(शिक्षा मंत्रालय भारत सरकार के अधीन स्वायत्त संस्थान)

सैनिक अस्पताल मार्ग, बेलगावी छावनी ५९०००९

**PM SHRI KENDRIYA VIDYALAYA NO 2 BELAGAVI CANTT**

An autonomous body under the Ministry of Education, Government of India

Near Military Hospital Road Camp Belagavi-590009

दूरभाष: 0831-2970092

## **REGISTRATION FIRMS / AGENCIES FOR SUPPLY / SERVICE** **FOR THE ACADEMIC YEAR 2025-26**

1. Name of category/item/service\_\_\_\_\_
2. Name & Address of the Firm/ Agency\_\_\_\_\_
3. Contact Number\_\_\_\_\_
4. Email ID\_\_\_\_\_
5. Name and address of firm's owner(s)\_\_\_\_\_
6. GST Number of firm (attach photo copy)\_\_\_\_\_
7. PAN number of the owner (attach photo copy)\_\_\_\_\_

**Note:** Without GST and PAN, no firm will be registered. The Vidyalaya reserves the right to cancel the name of the supplier/ firm/ service provider from its approved lists at its absolute discretion without assigning any reason.

### **DECLARATION**

Myself, Mr/Mrs/Ms\_\_\_\_\_Proprietor/authorized person of M/s\_\_\_\_\_do hereby undertake that the above furnished information is correct to the best of my knowledge and belief. In case of any information, supporting document furnished by me found to be incorrect/ false, the offer of my contract will be cancelled automatically and action may be taken as per KVS rules. I assure you to provide the best service to the Vidyalaya.

Date\_\_\_\_\_

Place\_\_\_\_\_

Seal of Company

Signature(s),  
Name and designation of the  
authorised representative of the  
firm