

Business Associate Registration Form
Contracts & Stores

To be Filled in Block letters By Associate. Note **Annexure 1 - CSM F1** is Mandatory for Service / Composite Associate Registration

MATERIAL ☐ **SERVICE** ☐ **COMPOSITE** ☐ **CONSULTANT** ☐

Category: MSME / OTHERS (If MSME, please provide details as mentioned in Page No-2)

Title (M/S., Mr., Mrs., Dr.) *							
Company Name (35 Char) *							
Country code - Mobile No *							
Country Code - Tel. No *							
Country Code - Fax No							
Email ID *							
Street / House No *							
Country *		State *		District *			
City *		Pin code *		Language			
Category	General	MOEF		SC / ST			
	Related Party	MSME / SSI		OBC/Others			
Bank Details (all details to be filled for enabling NEFT Transfer)-Cancelled cheque to be attached							
Name of Bank *							
Bank Details ID *		PAN Number *					
Account No. *		Account Holder *					
Bank Key *		Bank Country *		INDIA			
MICR Code * (Attach Cancelled Cheque)							
IFSC Code *							
IBAN *							
Payment thro RTGS/NEFT*							
Quality / Safety Systems (Mandatory for Service and Composite Associate Registration)							
OHSAS 18001 Certified		Risk Management Process					
ISO 9001 Certified		ISO 14001 / EMS Certified					
Declaration and Associate Authorized Signature							
I / We certify that the information furnished above is correct and complete to the best of my/our knowledge and belief. If at any time, I / We are found to have concealed any material information or given any false details, my/our registration shall be liable to summary termination without notice or compensation. I / We are not related to any employee of TPSODL.							
Name *							
Designation *							
Email *							
Signature & Company Seal *							

TPSODL
TP SOUTHERN ODISHA DISTRIBUTION LIMITED
(A Tata Power and Odisha Government Joint Venture)

Taxation Registration Details						
GST Scheme	Normal		Composite			
GST Registration No.						
GST Classification						
GST Registration Date						
Provident Fund No.						
ESI Registration No.						
MSME / SSI Registration No.						
MSME / SSI Registration Date						
MSME / SSI Registration Valid Upto						
Mandatory For SERVICE & COMPOSITE (Material + Service) Associate Registration						
Annexure 1 - CSM F1-'Safety Category Qualification Form	YES		NO		N / A	
OSHAS 18001 Certificate	YES		NO		N / A	
ISO 9001 Certificate	YES		NO		N / A	
ISO 14001 / EMS Certificate	YES		NO		N / A	
Safety Organization Structure	YES		NO		N / A	
Safety Training Process	YES		NO		N / A	
Safety Policy	YES		NO		N / A	
Safety Statistics	YES		NO		N / A	
Address of sites where WIP	YES		NO		N / A	
Check List of Documents enclosed (To be filled by the Associate)						
PAN Card Copy	YES		NO		N / A	
GST Registration Certificate	YES		NO		N / A	
Certificate of Incorporation / Partnership Deed etc	YES		NO		N / A	
Signed Conflict of Interest Declaration	YES		NO		N / A	
MSME Industry Registration (Mandatory if applicable)	YES		NO		N / A	
Requested By	Approved by (HOD)					
Name	Name					
Signature	Signature					
Department	Department					

Associate Authorized Signature and Company Seal

Evaluation Sheet

(To be filled by **Requisitioner** - After Checking & Verifying Page 1 to 2 and Annexure 1 - CSM F1 Form)

Whether mandatory requirements are filled/attached and verified?	YES		NO		If No, explain reason for waiver in evaluation area	
If registration is for Services also, whether CSM F1 Form has been completed? Documents attached CSM F1 - Safety Category Qualification Form	YES		NO		N / A	
OHSAS 18001/ ISO 9001 / ISO 14001 Certificate	YES		NO		N / A	
Safety Organization Structure	YES		NO		N / A	
Safety Training Process	YES		NO		N / A	
Safety Policy	YES		NO		N / A	
Safety Statistics	YES		NO		N / A	
Evaluation Process Report	YES		NO		N / A	
Company Code & Description -						

ERP Associate Company Codes			
Company Code *		Sort Key *	
Reconciliation A/C *		Check Double Invoice	
With Holding Tax Country		With Hold Tax	
Terms of Payment		Payment Methods	
ERP Associate Purchasing Organization			
Purchasing Organization *		Order Currency *	
Schema Group *		Sales Person *	
ABC Indicator *		Terms of Payment	
Service Based Invoice		GR Based Invoice	

ANNEXURE – 1
Category Qualification Form

CSM F1 - Safety

Type of Associate - **Service / Composite (Material + Service)**

Category - **A / B / C / D (Tick any one)**

Name of the Associate -

No	Safety Information	Remarks	Attachments		
1	Organization is certified /accredited to following systems				
1A	OHSAS : 18001	Yes / No			
1B	ISO : 14001	Yes / No			
1C	ISO : 9001	Yes / No			
1D	Any Other	Yes / No			
2	Safety Statistics for Last Three (03) Years		Year 1 Current Year	Year 2 Last Year	Year 3 Year Before
2A	LTIFR – Lost Time Injury Frequency Rate	NIL			
2B	LTISR – Lost Time Injury Severity Rate	NIL			
3	Safety Training Process for your Organization	Yes / No	If "Yes", kindly attach Details / Procedures		
4	Safety Organization Structure of your Organization 1. Total No of Employees 2. No of Safety Professional 3. No of Engineers /Supervisor 4. No of Skilled /unskilled work men	Yes / No			
5	Certified /Skilled workers as a percentage of overall workforce ITI Trained, TPSDI Trained, Licensed Electrician, IBR welder, etc.	Yes / No			
6	Name and Address of Sites where work are in Progress or worked earlier	Details of the Site			

Name, Signature & Company Seal

To be filled by the TPSODL Requestor

Associate to be registered for CATEGORY

A

B

C

D

- 1) **Category A**- Associate eligible to carry out High risk Jobs
- 2) **Category B**- Associate eligible to carry out technical jobs that are low risk
- 3) **Category C**- Associate eligible to carry out administrative and office jobs
- 4) **Category D**- Associate eligible to carry out consultant job/other than above A, B, C category

No	Description	Category A	Category B	Category C	Category D
1	Does the Contractor have OHSAS 18001 Certificate?				
2	During site visit check for safety adequacy at site				
3	Check the safety statistics of Contractor				
4	Check the safety orientation & training process of contractor				
5	Check the organization structure for safety professionals / engineers / supervisors				
6	Certified / skill workers as a percentage overall work force				
7	Does the Contractor have ISO 9001 Certificate?				