## Performa for Registration on GeM G.B. Pant University of Agriculture & Technology Pantnagar – 263145 (Uttarakhand)

| Dispatch No. & Date                              | : |               |        |                   |   |     |
|--|---|---------------|--------|-------------------|---|-----|
| Name of the Office / Department                  | : |               |        |                   |   |     |
| ADDI IOANT DETAIL O                              |   |               |        |                   |   |     |
| APPLICANT DETAILS                                |   |               |        |                   |   |     |
| Name of the Applicant                            | : | Last Name     |        |                   |   |     |
|  |   | First Name    |        |                   |   |     |
| Date of Birth (dd/mm/yyyy)                       | : | 1             |        | ./                |   |     |
| Date of Retirement (dd/mm/yyyy)                  | : |               |        |                   |   |     |
| Designation                                      | : |               |        |                   |   |     |
| Mobile No.                                       | : |               |        |                   |   |     |
| Official email Id. / Designation based email Id. | : |               |        |                   |   |     |
| VEDIEVING ALITHODITY DETAIL C                    |   |               |        |                   |   |     |
| VERIFYING AUTHORITY DETAILS                      |   |               |        |                   |   |     |
| Name   | : |               |        |                   |   |     |
| Designation                                      | : |               |        |                   |   |     |
| Mobile No.                                       | : |               |        |                   |   |     |
| Official email Id. / Designation based email Id. | : |               |        |                   |   |     |
| Telephone No. (Office)                           | : |               |        |                   |   |     |
|  |   |               |        |                   |   |     |
| Date : (Signature of Applicant)                  |   | Date :        |        | fying Authority)  | 1 |     |
| (Signature of Applicant)                         |   | (Signature or | v Cili | iyirig Addilonty) |   |     |
|  |   |               |        |                   |   |     |
| (Office Seal)                                    |   | (Office Seal) |        |                   |   |     |
| FOR OFFICE USE                                   |   |               |        |                   |   |     |
|  |   |               |        |                   |   |     |
| Registration Date                                | : |               |        |                   |   |     |
| GeM User Id.                                     | : |               |        | ,                 |   |     |
| Role Assigned                                    | : | Buyer         |        | Consignee         |   | PAO |