**O.E.M. Registration Form**

1. **Organization Details:**

|  |
| --- |
| Name of the organization:  |
|  Address:  |
| * 1. Landline:
	2. Mobile:

E-mail:  * 1. URL :
	2.
 |

1. **The Firm/Organization:**
	1. **Type of Business (Pl. Tick)**
* Sole proprietorship 
* Partnership 
* Private Limited 
* Public Limited 
* Corporation 
* Government Enterprises 

If any other

(Please Specify)

|  |  |
| --- | --- |
| **2.2. Type of Origin (Pl. Tick)**    If any other [Pl. specify] | **2.3. Type of Organization (Pl. Tick)**If any other [Pl. specify] |

* 1. **Date of Incorporation?** 

* 1. **Details of Proprietor/Partners/Directors/Key Person:**

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

* 1. **Manpower:**
1. Technical & Service : **Click to select**
2. Sales & Marketing : **Click to select**
3. Office Admin, Accounts & Finance : **Click to select**
	1. **What is your Line of Business?**
4. **Statutory Documents:**

|  |  |
| --- | --- |
| **Certificates** | **Registration Number** |
| Value Added Tax (V.A.T.) |  |
| Central Sales Tax (C.S.T.) |  |
| Permanent Account Number (P.A.N.) |  |
| Tax deduction Account Number(T.A.N.) |  |
| Central Excise Number  |  |
| Service Tax Number (S.T.) |  |
| Import Export Code Number (I.E.C.) |  |
| ISO Certification Number |  |

1. **Have you used Ozone Generator earlier?**

**Click to select**

1. **If yes, in how many projects you have used Ozone Generators?**

**Click to select**

1. **If yes, mentioned the Capacities of Ozone Generator you have used?**

**Click to select Click to select Click to select**

1. **Have you integrated ozone generator for Air, Water, Waste Water or any other?**

 **Please Specify.**



1. **In which application you have used ozone generator? [Applicable, only if used earlier]**

   

   

 Please specify if any other than listed above:

 

1. **In which industry you have used ozone generator? [Applicable, only if used earlier]**

   

    

    

 Please specify if any other than listed above:

 ****

1. **Have you receive training on Ozone Generator’s sizing, integration, trouble shooting, associate equipments selection etc?**

 **Click to select**

1. **Have you done research on ozone & its application?**

 **Click to select**

1. **Approximately total number of projects you have executed till the date?** 

1. **Declaration:**

To,

Chemtronics Technologies (India) Pvt. Ltd.

Jogeshwari, Mumbai



Date:  Signature:

Place: 

Name: 

 Designation: 

**Note 1: Kindly fill up the attached document and mail it to** **chemozone01@chemtronicsindia.com****.**

**Note 2: We assure you that the information given in this form will be kept confidential & will never be shared by Chemtronics in any form & any purpose. It is only for Chemtronics internal use.**