

**Registration of suppliers - 2023**  
**Teaching Hospital Peradeniya.**

1. Name of the producing institute/ Company/ Supplier :-
2. Address:-
3. (i) Telephone No:-   
(ii) Fax No :-   
(iii) Email :-
4. Nature of company (Sole proprietary/ Limited company/ Partnership) :- .....
5. Company registration No :-
6. VAT registration No :-
7. Category of company (Service/ Retail/ Manufacturing) :- .....
8. Interested registration category/ Service:- ..... No:- .....
9. Paid registration fee invoice no :-

I request to register for Supply No ..... Service No ..... Purchase No .....  
of Rs..... Invoice is attached herewith.

I declare that the information mentioned above is true and correct, and I am aware that registration will  
be rejected If the information provided by me proved to be false. True copies of company registration  
and VAT registration certificate are attached herewith.

.....  
Date:-

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Signature of Applicant  
Official seal: -