

(Please attach the receipt of the payment)

**Application for Registration as a Supplier or Service Provider-2025**

1. Category of Supply/ Services Applied:

Item No	Category Name	Expected Services/ Supplies Offered

2. Name of Applicant/ Contact Person: - ..... Designation .....

3. Name & Address of Business Institution/ Company: -.....  
.....

4. Telephone No: - ..... Fax No: - .....

Email Address: - .....

5. Business Registration Number & Year: -.....

a. If you are civil contractor ICTAD Registration No: - .....

b. Grade: - .....

(Please attached a certified copy of business registration) (Not relevant to Government Institutions)

6. Status of Business as per the Business registration: -

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(Manufacturer/ Importer/ Whole seller/ Retailer/ Sole Agent)

7. Experience in the relevant field (Years):- .....

8. Period of credit facilities offered: - .....

9. Name of Bankers : - .....

10. VAT Number if available: - .....

(Please attached a letter from the Commissioner General of Inland Revenue if you are exempted from VAT)

11. Name of Government Departments/ Corporation/ Boards and recognized firms served.

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Suppliers who have not responded to letters calling for quotations or defaulted or dishonored the orders awarded to them during the previous year will not be considered for registration for the year. Quotations will normally be called from the registered Suppliers but, the university reserves the right to call quotations from other sources as well to obtain the competitive offers. A supplier who fails to quote when requested or fail to

make delivery in time or in conformity with the given requirements will be struck off the register without prior notice.

I/ We certify that the particulars furnished by me/us in this application are true and accurate. Further, I/ We hereby agree to the conditions issued by the Gampaha Wickramarachchi University of Indigenous Medicine.

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Signature of Applicant

Date: - .....

(Affix Seal)

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(Applicable only Category No: -28-33)

Payments	Receipt No.	Date

(Please attach the receipt of the payment)

**Application for Registration as a Service Provider for Repair and Maintenance of Motor Vehicles -2025**

1. Category of repairs applied: -

Category No	Category Description	Expected Services offered

2. Name of Applicant : -.....

3. Name &Address Business Institution/ Firm: -.....

4. Telephone No: - ..... Fax No: - .....

5. Number of Business Registration: -.....

(Please attach a certified copy of Business registration)

6. Experience in the relevant field (years):-.....

7. Period of credit facilities offered: -.....

8. Details of other repairs undertaken: -.....

9. VAT Number, if any: -.....

10. Name of Government Departments/ Corporations/ Boards and recognized firms served.

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I/ We certify that the particulars furnished by me/us in this application are true and accurate. Further,  
 I/ We hereby agree to the conditions issued by the Gampaha Wickramarachchi University of Indigenous  
 Medicine.

.....

Signature of Applicant  
 (Affix Seal)

Date: - .....

