|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **表1：十堰市妇幼保健院供应商报名登记表（物资类）** | | | | | | |
| **一、企业基本情况** | | | | | | |
| 供应商名称 |  | | | | 法定代表人 |  |
| 组织机构代码 |  | | | | 注册资本 |  |
| 单位地址 |  | | | | 公司类型 |  |
| 主要经营范围 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
| 其它： | | | | | |
| 企业资质证书 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| **二、投标项目资料** | | | | | | |
| 报名项目名称 |  | 项目编号 | |  | | |
| 投标项目负责人 |  | 电子邮箱 | |  | | |
| 联系方式 |  | 备用联系方式 | |  | | |
| 投标产品品牌 |  | 投标产品产地 | |  | | |
|  |  |  | |  | | |
| 产品质量认证 | □美国FDA认证 □欧盟CE认证 □中国CCC认证 | | | | | |
| □其他认证：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 项目案例 | 项目名称 | 品牌、型号 | | 项目金额（或产品数量） | | |
|  |  | |  | | |
|  |  | |  | | |
| 产品基本简介 |  | | | | | |

附件：投标情况表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **产品名称** | **面料要求** | **招标规格要求** | **材质简述** | **投标品牌** | **投标规格** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |