## **Vendor Details Vendor Name\* Trade Name** Enter Trade Name sfgfdg **Email Phone** Enter Email **Enter Phone** Pan Number **GST Number** Enter Pan Number Enter GST Number Aadhaar Number **Type of Organization** Enter Aadhaar Number Select Type Of Organization **Upload Front of Adhaar** Website **Enter Website Upload Back of Adhaar** Office Address (If Not Same As Registered Address) Enter Office Address **Nature of Business** Select Nature Of Buisness **Registered Office Address** Enter Registered Office Address **Bank Details Account Holder Name** Enter Bank Account Holder Name

**Account Number** 

Enter Bank Account Number	
FSC Number	
Enter IFSC Code	
Authorized Contact Person(s)	
Name*	Contact Number
sdfgsdfg	Enter Contact Number
Email ID	PF Registration Number
Enter Email ID	Enter PF Registration Number
ESIC Registration Number	Quality and Certification
Enter ESIC Registration Number	Select Quality and Certifications
Annual Turnover * (Enter '0' if you are new or have no turn over)	
Details of Project Experience*	
dfsgsdfg	
Sr. No Customer's Name Project Value	Contact Contact Person Number Email ID

Please	attach	separate	sheet	if
necess	ary			

Please attach copy of Completion and Certificates for order completed

Project Name *	Category*
sdfgsdfg	Consultancy
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