Vendor Details Vendor Name* Trade Name Enter Trade Name sdfsdf **Email** Phone **Enter Phone Enter Email Pan Number GST Number** Enter Pan Number **Enter GST Number** Aadhaar Number **Type of Organization** Select Type Of Organization Enter Aadhaar Number **Upload Front of Adhaar** Website **Enter Website** Office Address (If Not Same As Registered Address) **Upload Back of Adhaar Enter Office Address** 0 **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

IFSC Number

Enter IFSC Code

Authorized Contact Person(s)

sddfsdf Email ID Enter Email ID ESIC Registration Number				Enter Contact Number								
			PF Registration Number Enter PF Registration Number Quality and Certification									
							Enter ESIC Registration Number			Select Quality and Certifications		
							Annual Turno turn over)	ver * (Enter '0' if you are	new or have no			
454												
Details of Pro	ject Experience*											
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Sr. No	Customer's Name	Project Value		Contact Person	Contact Number	Email ID						
Please attach a copy of the cheque			Please attach WO/Agreement/PO Copies C:\fakepath\PO 22 SP Spring (1).pdf									
Please attach separate sheet if necessary			Please attach copy of Completion and Certificates for order completed									
Project Name *			Category*									
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