Vendor Details Vendor Name* **Trade Name** sdfgdsfg **Enter Trade Name Email** Phone **Enter Email** Enter Phone **GST Number** Pan 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**

IFSC Number	
Enter IFSC Code	
Authorized Contact Person(s)	
Name*	Contact Number
dsgdfsgdfs	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 turn over) 35345	have no
Details of Project Experience*	
sgfdsgdsfg	
Sr. No Customer's Name Proj	ect Value Contact Person Contact Number Email ID

Please attach a copy of the cheque

Enter Bank Account Number

Please attach WO/Agreement/PO Copies

Please attach separate shee	t if
necessary	

Please attach copy of Completion and Certificates for order completed

Project Name *	Category*
sdgfsdgfsdg	Suppliers
Submit	Print Page