

## VENDOR PROFILE

1	NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	AKHIL BORAH																																																					
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	DIHING SATRA NORTH GUWAHATI GUWAHATI PIN - 781030																																																					
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	AKHIL BORAH																																																					
	E-mail																																																						
	Mobile No.	9864155858																																																					
	Tel. No.																																																						
4	TYPE OF BUSINESS [Please tick in appropriate box]	<table border="1"> <tr> <td>SUPPLY</td> <td>WORKS</td> <td>SERVICE</td> <td>OTHERS (PL. SPECIFY)</td> </tr> <tr> <td></td> <td></td> <td>✓</td> <td></td> </tr> </table>										SUPPLY	WORKS	SERVICE	OTHERS (PL. SPECIFY)			✓																																					
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5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	<table border="1"> <tr> <td>PROPRIETORSHIP</td> <td>PARTNERSHIP</td> <td>COMPANY REGISTERED</td> </tr> <tr> <td>✓</td> <td></td> <td></td> </tr> </table>										PROPRIETORSHIP	PARTNERSHIP	COMPANY REGISTERED	✓																																								
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✓																																																							
6	STATUTORY INFORMATION [Please submit self-attested copy]	<table border="1"> <tr> <td>PAN</td> <td colspan="10">APKP9332D</td> </tr> <tr> <td>TIN</td> <td colspan="10">8920014286</td> </tr> <tr> <td>CS</td> <td colspan="10"></td> </tr> <tr> <td>ST REGD. No.</td> <td colspan="10"></td> </tr> </table>										PAN	APKP9332D										TIN	8920014286										CS											ST REGD. No.										
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Please fill up the following if opted for payment receipt through Electronic Clearing Service (NEFT/ RTGS)

7	PARTICULARS OF BANK ACCOUNT																
A.	NAME OF THE BANK	BANK of INDIA															
B.	BRANCH OF THE BANK	North Guwahati - College Road															
C.	ADDRESS OF THE BANK BRANCH	DO															
	PIN																
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	500110110008134															
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	<table border="1"> <tr> <td>SB A/c</td> <td>Current A/c</td> <td>Others (Pl. Specify)</td> </tr> <tr> <td>✓</td> <td></td> <td></td> </tr> </table>										SB A/c	Current A/c	Others (Pl. Specify)	✓		
SB A/c	Current A/c	Others (Pl. Specify)															
✓																	
F.	9-Digit Bank Branch Code																
	IFS Code of the Bank	BKID0005001															
G.	Branch	College Road															

## DECLARATION

- ✓/We hereby declare that the particulars are given above are correct, complete and true to knowledge.  
 ✓/We willing to/not willing to accept the payment through ECS/NEFT/RTGS. If the electronic transaction / transfer is delayed or not effected at all for reasons of incomplete or incorrect information, we shall not hold the Institute responsible. We shall abide by the Institutes' rules & regulations under any circumstances.

Seal of the Organization

( \_\_\_\_\_ )  
Signature of Authorized Representative  
Name :

Designation :

Date

21/7/17

Certified that the Bank particulars as mentioned above are correct.

( \_\_\_\_\_ )  
Signature of Bank Manager

Name

:

Date :

Seal