

VENDOR PROFILE

1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	MADHU P C O S T A T I O N A R Y A N D X E R O X
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	N O R T H G U W A H A T I R A N G M A H A L P I N 7 8 1 0 3 0 TEL. NO.(s) : MADHU BORAH E-mail : Mobile No. : 9 9 5 4 2 - 4 1 6 7 5 Tel. No. :
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	
4	TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP PARTNERSHIP COMPANY REGISTERED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	STATUTORY INFORMATION [Please submit self-attested copy]	P A N : A D K P B S 4 9 0 C T I N : 9 2 7 1 8 8 5 0 1 7 6 C S T : 1 6 9 ST REGD. No.: 1179/SA/HAB/HST/309/2017/

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	CANARA
B.	BRANCH OF THE BANK	CANARA 1179
C.	ADDRESS OF THE BANK BRANCH	1179
		P I N 7 8 1 0 3 9
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	8652201010076
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	SB A/c <input checked="" type="checkbox"/> Current A/c <input type="checkbox"/> Others (Pl. Specify) <input type="checkbox"/>
F.	9-Digit Bank Branch Code	
	IFS Code of the Bank	1179 Guwahati
G.	Branch	

DECLARATION

I/We hereby declare that the particulars are given above are correct, complete and true to knowledge. I/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, I/ we shall not hold the Institute responsible. I/We shall abide by the Institutes' rules & regulations under any circumstances.

MADHU P.C.O. STATIONERY
Seal of the Organization
& XEROX CENTRE
1179 Guwahati

Certified that the Bank particulars as mentioned above are correct.

Date :

Seal

(Madhu Borah)
Signature of Authorized Representative
Name : Sri Madhu Borah.
Designation : Stationery
Date : _____

(_____)
Signature of Bank Manager
Name : _____

