

VENDOR PROFILE

- 1 NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.
- 2 POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.
- 3 NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON
- 4 TYPE OF BUSINESS
[Please tick in appropriate box]
- 5 ORGANIZATIONAL DETAILS
[Please tick in appropriate Box]
- 6 STATUTORY INFORMATION
[Please submit self-attested copy]

S	a	k	t	h	i'	s		K	i	t	c	h	e	n
P	r	i	v	a	t	e		L	i	m	i	t	e	d
9		V	G	P		S	r	i	n	i	v	a	s	a
N	a	g	a	r		R	a	j	a	k	i	l	p	a
k	k	a	m		c	h	e	n	n	a	i			
P	I	N	-	6	0	0	0	7	3					
TEL. NO.(s) : 044-43306482														
S		D	e	v	i		V	i	d	y	a			
E-mail : sakthiskitchen@yahoo.com														
Mobile No. : 9 7 9 0 0 0 1 8 9 1														
Tel. No. : 044-43306482														
SUPPLY				WORKS				SERVICE				OTHERS (PL. SPECIFY)		
								Service						
PROPRIETORSHIP					PARTNERSHIP					COMPANY REGISTERED				
										Company Registered				
P	A	N	:	A	A	L	C	S	2	3	6	7	Q	
T	I	N	:	3	3	9	1	0	9	4	6	7	9	6
C	S	T	:	1	0	5	3	7	2	5				
ST REGD. No.: AALCS2367QST001														

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
- B. BRANCH OF THE BANK
- C. ADDRESS OF THE BANK BRANCH
- D. BANK ACCOUNT NUMBER
(Enclose a cancelled cheque leaf)
- E. TYPE OF THE BANK ACCOUNT
[Please tick in appropriate box]
- F. 9-Digit Bank Branch Code
- G. IFS Code of the Bank Branch

United Bank of India														
Tambaram branch														
Old No: 28, New No. 28, Shanmuga Road														
Tambaram, Chennai														
P	I	N	-	6	0	0	0	4	5					
1751210000198														
SB A/c					Current A/c					OD				
										Others (Pl. Specify)				
6	0	0	0	2	7	0	1	2						
UTBI0TMB864														

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 Institute's rules & regulations under any circumstances.



Certified that the particulars as mentioned above are correct.

Date: 15/7/17

Seal

Signature of Authorized Representative

Name: S. Devi Vidya

Designation: Managing Director

Date: 15.7.2017

कृते और की ओर से युनाइटेड बैंक ऑफ इंडिया
For & on Behalf of United Bank of India

Signature of Bank Manager

Name:

प्रबंधक/उप-प्रबंधक Manager / Dy Manager
ताम्बोरम शाखा/Tambaram Branch

A.SAMPATH KUMAR
S.No - 8746