

VENDOR PROFILE

1 NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.

MD RATUL ALI

2 POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.

CHERABARI, MUKALMUA
DEHAR - KALAKULHI
NALBARI

P I N - 781310

TEL. NO.(s) : 7896551106

3 NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON

SAME AS ABOVE

E-mail

Mobile No. :

Tel. No. :

4 TYPE OF BUSINESS
[Please tick in appropriate box]

SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY)

5 ORGANIZATIONAL DETAILS
[Please tick in appropriate Box]

PROPRIETORSHIP

PARTNERSHIP

COMPANY
REGISTERED6 STATUTORY INFORMATION
[Please submit self-attested copy]

P A N :

BJLDA4484R

T I N :

18540208980

C S T

ST REGD. No.:

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 Bank

B. BRANCH OF THE BANK

IIT Guwahati

C. ADDRESS OF THE BANK BRANCH

IIT Guwahati

P I N -

781089

D. BANK ACCOUNT NUMBER

(Enclose a cancelled cheque leaf)

8652101029130

E. TYPE OF THE BANK ACCOUNT
[Please tick in appropriate box]

✓

SB A/c

Current A/c

Others (Pl. Specify)

F. 9-Digit Bank Branch Code

IFS Code of the Bank

G. Branch

CNRB0008652

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.

JUICF CENTRE

MD. RATUL ALI

Seal of the Organization

MD Ratul Ali

Signature of Authorized Representative

Name: MD RATUL ALI

Designation: OWNER

Date: 18/08/2017

Ratul Ali

Signature of Bank Manager

Name

Date :

Seal

