

VENDOR PROFILE

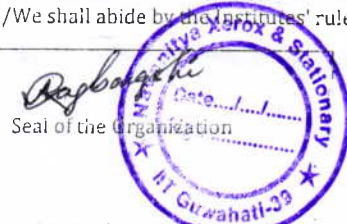
1	NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	N A V A N I T Y A X E R O X A N D S T A T I O N A R Y
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	D H E K I A B A R I P O - C H A N D R A P U R K A M R U P A S S A M P I N - 7 8 1 1 5 0
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 9 8 6 4 5 2 0 6 4 0 N I T Y A N A N D A R A J B A N G S A H I E-mail : Mobile No. : 9 8 6 4 5 2 0 6 4 0 Tel. No. :
4	TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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 R E P R I 2 1 3 A T I N : 1 8 6 7 0 2 0 9 0 5 4 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 BRANCH
C.	ADDRESS OF THE BANK BRANCH	IIT Guwahati, North Guwahati Guwahati
	P I N -	7 8 1 0 3 9
D.	BANK ACCOUNT NUMBER (Inclose a cancelled cheque leaf)	8652101025652
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	<input checked="" type="checkbox"/> SB A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Others (Pl. Specify)
F.	18-Digit Bank Branch Code	7 8 1 0 1 5 0 0 8
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.



(_____)
Signature of Authorized Representative
Name : Nityananda Rajbangsha
Designation : Prop
Date : 21/7/17

Certified that the Bank particulars as mentioned above are correct.

(_____)
Signature of Bank Manager
Name : बरिष्ठ प्रबंधक/Senior Manager, अधिकारी/Officer
आई आई टी गुवाहाटी- 39
IIT Guwahati- 39

Date :

Seal