

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)

P	H	I	R	I	K	E	R	L	I	N					
K	H	A	R	S	H	I	I	N	G						
C/o	W		R	O	G	E	S	T	A	R					
M	A	R	B	A	N	I	A	N	G						
M	A	D	A	N		L	A	B	A	N					
P	I	N	-	7	9	3	0	0	4						
TEL. NO.(s)	98639-23234														
P	H	I	R	I	K	E	R	L	I	N					
K	H	A	R	S	H	I	I	N	G						
E-mail	phirikerlin@gmail.com														
Mobile No.	9 8 6 3 9 2 3 2 3 4														
Tel. No.															
SUPPLY		WORKS		SERVICE		OTHERS (PL. SPECIFY)									
<input checked="" type="checkbox"/>															
PROPRIETORSHIP				PARTNERSHIP				COMPANY REGISTERED							
<input checked="" type="checkbox"/>															
P	A	N	-	B	L	J	P	K	3	8	0	5	L	1	2
T	I	N	-	1	8	1	9	0	1	7	0	5	1	8	
G	S	T	-	1	7	0	7	0	1	9	6	2	8	6	
ST REGD. No.	BLJPK3805LSD001														

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

(Provide a cancelled cheque leaf)

E. TYPE OF THE BANK ACCOUNT

(Please tick in appropriate box)

F. Branch Code

G. MS Code of the Bank Branch

Canara Bank														
Shillong														
Police Bazar GS Road														
P	I	N	-	7	9	3	0	0	1					
4156101000236														
<input checked="" type="checkbox"/>														
SBA/c		Current A/c								Others (Pl. Specify)				
7	9	3	0	1	5	0	0	2						
CNR0001104														

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.

M/s. P. Kharshling

Seal of the Organization

Proprietor

Signature of Authorized Representative

Name: Phirikerlin Kharshling

Designation: Proprietor

Date: 24/7/17

Certified that the Bank particulars as mentioned above are correct.

Date: 24/7/17

Seal



Name:

Signature of Authorized Representative

Name: Allan Brian Longman