M	FM	D(1R	PR	Ω	FH	F

1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	M(NT1) DEVA						
	POSTAL ADDRESS OF THE VENDOR /	BARFQAON						
	CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	PO-KARARA						
	THOUSEN BY S	KAMRUP ASSAM						
		PIN781381						
		TEL. NO.(s) 97070-16154						
3	NAME & CONTACT DETAILS OF THE	MINTU DEKA						
	RESPONSIBLE PERSON / CONTACT PERSON							
		E-mail: mintudika 81 @ gmail egm						
	S.	Mobile No. :						
		Tel. No. : 97070-16154						
4	TYPE OF BUSINESS	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY)						
	[Please tick in appropriate box]							
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP PARTNERSHIP COMPANY REGISTERED						
	[, leads stem in approximation and							
	STATUTORY INFORMATION	PAN BOAPD3622D						
	[Please submit self-attested copy]	T IN: 18900209267						
		GG S T 18 A O A P D 3 6 2 2 D 2 Z L						
		ST REGD. No.:						
_		ment receipt through Electronic Clearning Service (NEFT/ RTGS)						
7	PARTICULARS OF BANK ACCOUNT	0.00/270						
	A. NAME OF THE BANK	CANAKA UT BRANCH						
	B. BRANCH OF THE BANK C. ADDRESS OF THE BANK BRANCH	11 T Ber Wahate . Marth Counghate						
	C. ADDRESS OF THE BANK BRANCH	Caecos ah ate						
		PIN 78/039						
	D. BANK ACCOUNT NUMBER	8652101029177						
	(Enclose a cancelled cheque leaf) E. TYPE OF THE BANK ACCOUNT							
	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	781015008						
	IFS Code of the Bank	CNRB6008652						
	G Branch	0,007,00						
-		DECLADATION						
I/W	e hereby declare that the particulars a	DECLARATION are given above are correct, complete and true to knolwedge.						
1/W deta	e willing to/not willing to accept the payme	ent through ECS/NEFT/RGTS. If the electronic transaction / transfer is complete or incorrect information, I/ we shall not hold the Institute						
	nosible I/We shall abide by the Institutes' rule	es & regulations under any discumstances						
	al of the manufacture of the ASSAM	100						
	W Park of S	Singnature of Authorized Representative						
	Seal of the manufacture, wo	Name: Shinly Deka						
	ASSA JUM	Designation: <u>Prop</u> . Date 22/67/2017						
('er	Certified that the transfer as mentioned above are correct.							
CCI	arrea that the last of a relition	ि कृते केनरा बैंक / For Canara Bank Singnature of Bank Manager						
		Nave Control Visite Control VIII						

Date:

Seal

Nameरिष्ठ प्रबंधक/Senior Manyor अधिकारी/Officer : आइ आइ टी गुंबाहाटी- 39 IIT Guwahati- 39