

VENDOR PROFILE

1	NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	RAJU SARKAR
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	AMINGOAN SRI. MATHPATI NORTH GUWAHATI KAMRUP PIN -
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 781031 JUICE CENTER LOHIT HOSTEL E-mail : Raju Sar 564 04mai.com Mobile No. 9952946995 Tel. No. :
4	TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY <input type="checkbox"/> WORKS <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> OTHERS (PL. SPECIFY)
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COMPANY REGISTERED <input type="checkbox"/>
6	STATUTORY INFORMATION [Please submit self-attested copy]	P A N : CABP55081A T I N : 1822017947A 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	117G.
C.	ADDRESS OF THE BANK BRANCH	117. Guwahati City - 39
		P I N 781039
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	21459
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.	9-Digit Bank Branch Code	
	IFS Code of the Bank	
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.

RAJU JUICE CENTER

Seal of the Organization

Proprietor

Certified that the Bank particulars as mentioned above are correct.

Date :

Seal

(_____)
Singnature of Authorized Representative
Name : Raju Sarkar
Designation : Proprietor
Date : 21/07/17

(_____)
Singnature of Bank Manager
Name : वरिष्ठ प्रबंधक/Senior Manager अधिकारी/Officer
आईआईटी गुवाहाटी- 39
IIT Guwahati- 39