## VENDOR PROFILE

NAME OF THE VENDOR /CONTRACTOR /	PABIN SARMA
SUPPLIER / SERVICE PROVIDER ETC.	
POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	GO CHAMDRA SARMA
	VILLEPO MADHAPUI
	OIST-BAKSA, ASSAM
	TEL. NO.(s) : 789648055-3
NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	PABIN SARMA
	MADHADUR
	E-mail :
	Mobile No. : 7896480553
	Tel. No.
TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY)
	2011E1 WORLD SERVICE OTHER (* 0.01 EST. 1)
	COMPANY
ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP PARTNERSHIP REGISTERED
- A Company of the Co	
STATUTORY INFORMATION	P A N : DBAPS 0653 D
[Please submit self-attested copy]	T I N : 18660252564
	C S T
	ST REGD. No.:
D. BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf) E. TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	
F 9-Digit Bank Branch Code  IFS Code of the Bank	ENR 2000 2659
IFS Code of the Bank G Branch  /We hereby declare that the particulars /We willing to/not willing to accept the payn elayed or not effected at all forreasons of in esposible. I/We shall abide by the Institutes' ru  GB. Store  Seal of the Organization	ment through ECS/NEFT/RGTS. If the electronic transaction / transfer incomplete or incorrect information, I/ we shall not hold the Institutive and the Institutive are also as a second
IFS Code of the Bank G Branch  /We hereby declare that the particulars /We willing to/not willing to accept the payn elayed or not effected at all forreasons of in esposible. I/We shall abide by the Institutes' ru	DECLARATION  s are given above are correct, complete and true to knolwedge the ment through ECS/NEFT/RGTS. If the electronic transaction / transfer is incomplete or incorrect information, I/ we shall not hold the Institute rules & regulations under any circumstances.  Singnature of Authorized Representative Name:  Designation:  Date  Singnature of Bank Marlago  Name  Name
IFS Code of the Bank G Branch  We hereby declare that the particulars We willing to accept the paynelayed or not effected at all forreasons of inesposible. I/We shall abide by the Institutes' rungs.  GB. Store Seal of the Organization	DECLARATION s are given above are correct, complete and true to knolwedge ment through ECS/NEFT/RGTS. If the electronic transaction / transfer i incomplete or incorrect information, I/ we shall not hold the Institut rules & regulations under any circumstances.  Singnature of Authorized Representative Name:  Designation:  Date  19.717  tioned above are correct.  Singnature of Bank Manageriana