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		VENDOR PROFILE							
1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	ADITY A FOOD MANAGEMENT SERVICES PYT LTD							
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE	2 C/ 201 0 M CHS Chandival							
	PROVIDER ETC.	Form Road Chandivali And Werr (2)							
		mymbai maherethro							
		P I N 400072							
		TEL. NO.(s) : 9892374056							
3	NAME & CONTACT DETAILS OF THE	BACKRISH MA ANAND							
	RESPONSIBLE PERSON / CONTACT PERSON	SHETTY (DIRECTOR)							
		E-mail: bolg shetty 14 0 gman ( com							
		Mobile No. : 9 8 9 2 3 7 4 0 5 6							
		Tel. No.							
4	TYPE OF BUSINESS [Please	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY)							
	tick in appropriate box]	V							
5	ORGANIZATIONAL DETAILS [Please	PROPRIETORSHIP   PARTNERSHIP   COMPANY REGISTERED							
	tick in appropriate Box]								
6	STATUTORY INFORMATION	PAN: AAPCAI990F							
	[Please submit self-attested copy]								
		T I N :							
		C S T							
		ST REGD. No.:							
7	PARTICULARS OF BANK ACCOUNT  A. NAME OF THE BANK	ment receipt through Electronic Clearning Service (NEFT/RTGS)							
	B. BRANCH OF THE BANK								
	C. ADDRESS OF THE BANK BRANCH	Total Individual							
	C. ADDRESS OF THE BANK BRANCH	Mr Shilling composed him < LdJ.							
		P I N 40 00 7 2							
	D. BANK ACCOUNT NUMBER	566801010050284							
	(Enclose a cancelled cheque leaf)	355000000000000000000000000000000000000							
	E. TYPE OF THE BANK ACCOUNT	SB A/c Current A/c Others (Pl. Specify)							
	[Please tick in appropriate box] F 9-Digit Bank Branch Code	SB A/c   Current A/c   Others (Pl. Specify)							
	G IFS Code of the Bank Branch	UB IN 0 5566 88							
	G 11-5 Code of the bank branch								
		DECLARATION							
		are given above are correct, complete and true to knolwedge. through ECS/NEFT/RGTS. If the electronic transaction / transfer is delayed							
orı	not effected at all forreasons of incomplete or inc	correct information, I/ we shall not hold the filling to the state of the same							
abi	de by the Institutes' rules & regulations under ar	ny circumstances.							
		Singnature of Authorized Representative							
	Seal of the Organization	Name: Bal Krishna A Shelly Direct							
		Date 19 (0) (201)							
Ca	rtified that the Bank portionless as mortions								
cei	rtified that the Bank particulars as mentione	यानयन के आक रे							
	For	Singnature of Bank Manager							
Da	ite: Seal	Name :							
_ ~		Accountent 30 XNV8							
		Marin Bristone CI							