

VENDOR PROFILE

1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	CHAMPAK KALITA
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	VILL - GHORAMARA NORTH GUWAHATI DIST - KAMRUP (M) PIN - 781030
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 9954863761 SELF
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) <input type="checkbox"/>
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]	PAN : 00JPK5397C TIN : CST : ST REGD. No.: 9

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	United Bank of India
B.	BRANCH OF THE BANK	Guwahati Main branch.
C.	ADDRESS OF THE BANK BRANCH	HEM BARUA ROAD, Panbazar, Guwahati.
		PIN - 781001
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	0002010308293
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	781027002
G.	IFS Code of the Bank Branch	UTBI0GHT314

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.

CHAMPAK KALITA
North Guwahati, Ghoramara
Guwahati-30

BASANTI STORE
North Ghy, Ghoramara
Ghy-30

(Champak Kalita)
Signature of Authorized Representative
Name : Champak Kalita
Designation : Owner
Date : 21/07/2017

Certified that the Bank particulars as mentioned above are correct.

Date : 21-07-2017 Seal



([Signature])
Signature of Bank Manager
Name : KUMAR MANISH
Date : 21/07/17