		VENDOR PROFILE
1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	MSSILKHA TRADIN GCOANIL CHWA
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	ANIL CHAHAPS
		BAIHATA CHARIAL PIN-781121
		TEL. NO.(s)
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	MS SIKHATRADING ANIL CH NATH
		E-mail :
		Mobile No. : 9859191905
1	TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY)
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP PARTNERSHIP COMPANY REGISTERED
6	STATUTORY INFORMATION [Please submit self-attested copy]	PAN: AIKPN1378E
		TIN: 18440179062
		CSTAPLLY
		ST REGD. No.:

7	PARTICUL	ARS OF	BANK	ACCOUN'	ļ
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- NAME OF THE BANK
- BRANCH OF THE BANK
- ADDRESS OF THE BANK BRANCH
- BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)
- TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]
- 9-Digit Bank Branch Code IFS Code of the Bank
- Branch

UNITI	ED BANK C	+ INDIA
NOF	RTH GUG	VAHATI
NORT	H GUWO	AHATI
91	WAHATI	- 30
PIN	-78103	0
1006	0101680	76-
	/	
SB A/c	Current A/c	Others (Pl. Specify)
181	027010	

UTB10404347

Designation

DECLARATION

I/We hereby declare that the particulars are given above are correct, complete and true to knolwedge. I/We willing to/not willing to accept the payment through ECS/NEFT/RGTS. If the electronic transaction / transfer is delayed or not effected at all forreasons of incomplete or incorrect information, I/ we shall not hold the Institute resposible. I/We shall abide by the Institutes' rules & regulations under any circumstances.

MISSIKHATRADING Vill P.O . Barp laha

Certifi Kamrup Ra Assamma 781472 Intioned above are correct for & on behan

Date:

NITED BAN Name garerel