

VENDOR PROFILE

1	NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	R A M E N K U M A R T A L U K D A R
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	B H O M O L A H A T I, B A I H A T A C H A R I A L 2, K A M R U P P I N - 7 8 1 1 2 1
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 0 9 8 6 4 8 5 6 7 6 3 — SAME AS ABOVE — E-mail : Mobile No. : 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 type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COMPANY REGISTERED <input type="checkbox"/>
6	STATUTORY INFORMATION [Please submit self-attested copy]	P A N : A S Y P T O 6 8 5 K T I N : 1 8 1 0 0 1 7 8 2 7 9 C S T : ST REGD. No.: 1167

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	State Bank of India
B.	BRANCH OF THE BANK	JIT Guwahati
C.	ADDRESS OF THE BANK BRANCH	JIT Guwahati
		P I N - 7 8 1 0 3 9
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	30968639487
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	1 4 2 6 2
G.	IFS Code of the Bank Branch	SBIN004262

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.

MS. RAMEN K. TALUKDAR

Seal of the Organization

Proprietor

Certified that the Bank particulars as mentioned above are correct.

(Ramen Kumar Talukdar,
Signature of Authorized Representative
Name: Ramen Kumar Talukdar
Designation: Owner
Date: 12/8/17

(
Signature of Bank Manager

Date :

Seal

Name

:

Kabita Singha
SS No. S25256