

VENDOR PROFILE

1 NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.

DIPHIKA DAS

2 POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.

NORTH GUWAHATI

RAJADUWAR

DIST - KAMRUP

PIN - 781030

TEL. NO.(s) :

3 NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON

E-mail :

Mobile No. : 9613857985

Tel. No. :

4 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]

P A N : AKCPD5127F

T I N : 18110208683

C S T

ST REGD. No.:

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

ICD Amingaon

C. ADDRESS OF THE BANK BRANCH

HAZO Guwahati Road

PIN -

D. BANK ACCOUNT NUMBER
(Enclose a cancelled cheque leaf)

30225145052

E. TYPE OF THE BANK ACCOUNT
[Please tick in appropriate box]

✓ SB A/c Current A/c Others (Pl. Specify)

F. 9-Digit Bank Branch Code

561 NO 9201

IFS Code of the Bank

9201

G. Branch

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.

Seal of the Organization

(Dipika Das.)
Signature of Authorized Representative

Name :

Designation :

Date

Certified that the Bank particulars as mentioned above are correct.

(Kanika Hazarika)
Signature of Bank Manager

Name :

Name : Kanika Hazarika

SS No. H-1212

Date: 28/9/2017 Seal

