

## VENDOR PROFILE

1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	P A N K A J - K U M A R - B O R A
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	C / O - H A R I - N A T H - B O R A - H N O - 7 2 1 - P N G B - R O A D - S A N T I P U R P I N - 7 8 1 0 0 9
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	P A N K A J - K U M A R - B O R A E-mail : PK614July@gmail.com Mobile No. : 9 8 6 4 0 - 1 4 6 2 0 Tel. No. :
4	TYPE OF BUSINESS [Please tick in appropriate box]	SUPPLY WORKS SERVICE OTHERS (PL. SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]	PROPRIETORSHIP PARTNERSHIP COMPANY REGISTERED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	STATUTORY INFORMATION [Please submit self-attested copy]	P A N : A H B P B I 4 4 8 N T I N : 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	CANARA BANK
B.	BRANCH OF THE BANK	ULUBARI BRANCH
C.	ADDRESS OF THE BANK BRANCH	GUWAHATI, ULUBARI CANARA BANK, SIMA PLAZA
		P I N - 7 8 1 0 0 7
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	8652201010054
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	SB A/c <input checked="" type="checkbox"/> Current A/c <input type="checkbox"/> Others (Pl. Specify) <input type="checkbox"/>
F.	9-Digit Bank Branch Code	C N R B 0 0 0 3 6 6 7
G.	IFS Code of the Bank Branch	ULUBARI

## 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.



( Pankaj K. Bora )  
Signature of Authorized Representative  
Name : PANKAJ KUMAR BORA  
Designation : AUTHORIZED  
Date : 24/07/2017

Certified that the Bank particulars as mentioned above are correct.

( [Signature] )  
Signature of Bank Manager

Date : 24/07/2017

Seal



Name : NINGMUNNDIN