

## VENDOR PROFILE

1	NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	G A U T A M B H U Y A N
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	40 PHANIDHAR BHUYAN VILLAGE - BARANGHATI DIST - KAMRUP, ASSAM PIN - 781350
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 9957888156 G A U T A M B H U Y A N BARANGHATI, E-mail : gbhuyan13@gmail.com Mobile No. : 99578-88156 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) <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]	P A N : BR0PB0682H T I N : 18630209367 G S T : 18BR0PB0682H1ZP ST REGD. No.:

Please fill up the following if opted for payment receipt through Electronic Clearing Service (NEFT/ RTGS)

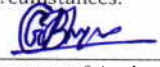
7	PARTICULARS OF BANK ACCOUNT	
A.	NAME OF THE BANK	CANARA BANK
B.	BRANCH OF THE BANK	IIT GUWAHATI
C.	ADDRESS OF THE BANK BRANCH	IIT GUWAHATI, KAMRUP, ASSAM
		P I N - 781039
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	8652201010110
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	SB A/c <input type="checkbox"/> Current A/c <input checked="" type="checkbox"/> Others (Pl. Specify) <input type="checkbox"/>
F.	9-Digit Bank Branch Code	
	IFS Code of the Bank	CNRB0008652
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.

**Gautam Stationery Store**  
IIT, Guwahati-39

Seal of the Organization

(  )  
Signature of Authorized Representative  
Name: Gautam Bhuyan  
Designation: Owner  
Date: 18/07/2017

Certified that the Bank particulars as mentioned above are correct.

Signature of Bank Manager

Name:

Date: 18/07/17

Seal

