

VENDOR PROFILE																																				
1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.														A	-	D	I	E	T	E	X	P	R	E	S	S									
															H	O	S	P	I	T	A	L	I	T	Y											
															S	E	R	V	I	C	E	L	I	M	I	T	E	D								
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.														67/31	A	M	E	E	R	J	O	N	S	A	H	I	B								
															S	T	R	E	E	T																
															C	H	O	O	L	A	I	M	E	D	U											
															C	H	E	N	N	A	I															
															P	I	N	6	0	0	0	9	4													
															TEL. NO.(s) : 044-42657178																					
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON														M	.	R	A	M	E	S	H														
															D	I	R	E	C	T	O	R														
															E-mail : ramesh@adietexpress.com																					
															Mobile No. : 0 9 1 7 6 6 4 4 2 2 2																					
															Tel. No. : 044 -4265 7178																					
4	TYPE OF BUSINESS [Please tick in appropriate box]														SUPPLY		WORKS		SERVICE		OTHERS (PL. SPECIFY)															
																			<input checked="" type="checkbox"/>																	
5	ORGANIZATIONAL DETAILS [Please tick in appropriate Box]														PROPRIETORSHIP				PARTNERSHIP				COMPANY REGISTERED													
																							<input checked="" type="checkbox"/>													
6	STATUTORY INFORMATION [Please submit self-attested copy]														P	A	N	:	A	A	F	C	A	4	0	3	0	Q								
															T	I	N	:	1	8	0	6	0	2	2	0	0	1	1							
															C	S	T	:	8	6	9	2	0	3												
															ST REGD. No.: AAFC44030QST001																					
															GST NUMBER 18AAFC44030Q1ZH																					

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

UNION BANK OF INDIA

B. BRANCH OF THE BANK

ANNA NAGAR

C. ADDRESS OF THE BANK BRANCH

AG-3, SHANTHI COLONY, ANNA NAGAR

D. BANK ACCOUNT NUMBER

530601010038181

(Enclose a cancelled cheque leaf)

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

6 0 0 0 2 6 0 2 9

G. IFS Code of the Bank
Branch

UBIN0553069

DECLARATION

We hereby declare that the particulars are given above are correct, complete and true to knowledge. We are 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, we shall not hold the Institute responsible. We shall abide by the Institutes' rules & regulations under any circumstances.



(Signature) Signature of Authorized Representative

Name : M.Ramesh

Designation : Director

Date 15th July 2017

Certified that the Bank particulars as mentioned above are correct.

(Signature) Singnature of Bank Manager

Date :

Seal

Name :

N R MENON
PA No:18884

17/7/2017