

## VENDOR PROFILE

1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	H.D. TRADERS
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	BEBERA, BHOMOLAH ATI PS - BAIHATA CHARITALI P I N - 781121
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 98540-43457 DIPANKAR TALUKDAR E-mail : talukdar.dipankar@gmail.com Mobile No. : 9854043457 Tel. No. : 0361-280019
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 : AJLP T87609 T I N : 18890254919 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	U.C.O BANK
B.	BRANCH OF THE BANK	BEBERA
C.	ADDRESS OF THE BANK BRANCH	BEBERA
		P I N - 781121
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	12070510003350
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	UCBA0001207
	IFS Code of the Bank	BEBERA.
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 forreasons 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.

**H.D. TRADERS**  
Sree. Dipankar Talukdar  
Seal of the Organization  
Proprietor

( Sree. Dipankar Talukdar )  
Signature of Authorized Representative  
Name :  
Designation :  
Date : 21.02.19

Certified that the Bank particulars as mentioned above are correct.

(  
Signature of Bank Manager

Date : 21.02.19 .

Seal

For UCO BANK  
प्रबंधक / Manager  
बेजेरा शाखा / Bejera Br.

Name