

VENDOR PROFILE

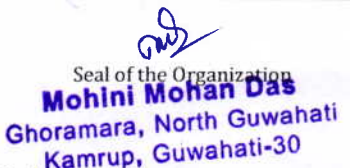
1	NAME OF THE VENDOR /CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	MOHINI MOHAN DAS
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.	GHORAMARA NORTH GUWAHATI KAMRUP C/O MAHIDHAR KALITA PIN - 781030
3	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	TEL. NO.(s) : 9854141972 STATIONERY SHOP BRAHMAPUTRA HOSTEL E-mail : mohini.mohan.1@gmail.com Mobile No. 9854141972 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]	PAN : AGZPD1086C TIN : 18710178477 CST : 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	SBI
B.	BRANCH OF THE BANK	7175
C.	ADDRESS OF THE BANK BRANCH	11T Guwahati City - 39
		PIN - 781039
D.	BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf)	30987098839
E.	TYPE OF THE BANK ACCOUNT [Please tick in appropriate box]	<input checked="" type="checkbox"/> SB A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Others (Pl. Specify)
F.	9-Digit Bank Branch Code	
G.	IFS Code of the Bank	SBIN0014262

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 Mohini Mohan Das Ghoramara, North Guwahati Kamrup, Guwahati-30	(_____) Signature of Authorized Representative Name : Mohini Mohan Das Designation : proprietor Date : 21/07/17
	Certified that the Bank particulars as mentioned above are correct. (_____) Signature of Bank Manager Name : _____
Date :	Seal

