I	/FN	ND(JD	PP	Ω I	115	F
		WIJ.	"	\mathbf{r}	v	`	ш

NAME OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDER ETC.			A	P	A	N		S	A	R	M	A					
		<u>ا</u>		_													
2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE		0		P	(0	r	χ	E	K	0	X				
	PROVIDER ETC.	5	 	A	1	1	N	E	R	4	15						_
	-	B	A	18	A	K,	H	0	2	T	E	<u></u>		1	ι	T	GU
		P	1	N	7	8	1	0	3	9				- 0 1	7 .		
3		TEL	. NO	_	M	_	18	_	_	398			100) 2	+ 0	07	73
	NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON	I	A	P	A	N		S	Λ	R	3	A					
	RESI ONSIDEE I ERSON / CONTACT I ERSON				<u> </u>												
		E-m		,	:				-					80			
		Tel.	oile N	0.	M	9	7	O	7	D	q	8	9	8	6	_	
4	TYPE OF BUSINESS [Please		UPP	I.Y	I i	VORE	<u></u>	l si	ERVI	CF	0'	тны	RS (P	L SP	FCIF	V)	
7	tick in appropriate box]	301111				VORKS SERVIC				E OTHERS (PL. SPECIFY)							
5	ORGANIZATIONAL DETAILS [Please	P	ROPI	RIET	ORSE	IIP	I PA	RTN	ERSI	HIP	CO)MPA	NY F	REGIS	TER	ED	
_	tick in appropriate Box]	- NOT REPORT						DIVOIIII			COMPANY REGISTERE						
6	STATUTORY INFORMATION	P	A	N		B	P	R	P	S	0	9	0	4	N		
	[Please submit self-attested copy]	Т	I	N	:	1	8	4	4	0	1	7	7	g	0		
		С	S	Т	3373	È					•		_			_	
			REGD	_		\vdash	_					_				_	
	Plese fill up the following if opted for pay					h Ele	ctroi	nic Cl	earn	ing S	ervic	e (N	EFT/	RTG	S)		_
7																	
	A. NAME OF THE BANK	STATE BANK OF INDIA															
	B. BRANCH OF THE BANK			11T GUWAHATI													
	C. ADDRESS OF THE BANK BRANCH	Po															
			Ι,	1	1	-					_		1				
	D. DANIZAGGOUNENUMBED	7 1 N 7 8 1 0 3 9 3 1 3 1 9 3 1 9 3 1 9 1 9 1 9 1 9 1															
	 D. BANK ACCOUNT NUMBER (Enclose a cancelled cheque leaf) E. TYPE OF THE BANK ACCOUNT [Please tick in appropriate box] F 9-Digit Bank Branch Code 			3 7	<u>。 。</u>	T	14	2"	<u> </u>								
				SDA/a Current A/a QUI (DI C. 16.)									_				
				SB A/c Current A/c Others (Pl. Specify)													
	G IFS Code of the Bank Branch	S	Ba	NO	201	4	7-0	. 2									
			DECL					•									_
I/V	Ve hereby declare that the particulars a					are	cor	rect,	cor	nplet	e a	nd 1	true	to	kno	lwed	ge.
I/V	Ve willing to/not willing to accept the payment t	hrou	gh E(CS/N	EFT/	RGTS	S. If th	he ele	ectro	nic t	ransa	action	n / tr	ansfe	er is (delay	ed
	not effected at all forreasons of incomplete or inc de by the Institutes' rules & regulations under ar					I/ w	e sha	ll not	t hold	d the	Insti	tute	resp	osible	e. I/V	Ve sh	all
am	de by the institutes Tules & regulations under al	IV CII L	LUIIIS	LAIILE	:s.	()
	pr.	Singnature of Authorized Representative												,			
	Seal of the Organization	Name :															
						Date		ion.		_			1				_
Cer	rtified that the Bank particulars as mentione	d aho	ve a	re co	rrec		7					1 6		100	तीय	No.	
						(-	Cir	anat	1110	68	WW)	Anda	*/5	Gin-	(3)	
								Sin	gnat	ure	DI KR	ınk N	dana	Her,	4262	加州)
Da	tte: Seal					Nar	ne:	_					11	CAN'S	OE Y	MILE	/