

VENDOR PROFILE

- 1 NAME OF THE VENDOR /CONTRACTOR /
SUPPLIER / SERVICE PROVIDER ETC.
- 2 POSTAL ADDRESS OF THE VENDOR /
CONTRACTOR / SUPPLIER / SERVICE
PROVIDER ETC.
- 3 NAME & CONTACT DETAILS OF THE
RESPONSIBLE PERSON / CONTACT PERSON

T	A	P	A	N		S	A	R	M	A					
C	O		P	C	O		X	E	R	O	X				
S	T	A	T	I	N	E	R								
B	A	R	A	K	H	O	S	T	E	L		I	I	T	GUWAHATI
P	I	N		7	8	1	0	3	9						
TEL. NO.(s)		M	9707098986 7002700773												
T	A	P	A	N		S	A	R	M	A					
E-mail		:													
Mobile No.		M	9707098986												
Tel. No.		:													
SUPPLY		WORKS		SERVICE		OTHERS (PL. SPECIFY)									
PROPRIETORSHIP				PARTNERSHIP				COMPANY REGISTERED							
P	A	N	:	B	P	R	P	S	O	9	0	4	N		
T	I	N	:	1	8	4	4	0	1	7	7	9	9	S	
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
- B. BRANCH OF THE BANK
- C. ADDRESS OF THE BANK BRANCH

STATE BANK OF INDIA												
IIT GUWAHATI												
DO												
P	I	N	7	8	1	0	3	9				
31938574425												
✓ SB A/c							Current A/c		Others (Pl. Specify)			
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/RGTS. 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

(_____)
Signature of Authorized Representative

Name: _____

Designation : _____

Date _____

Certified that the Bank particulars as mentioned above are correct.

Singnature of Bank Manager

Date : Seal Name :

