



# Samrat Ashok Technological Institute (Degree) Vidisha, M.P., 464001

## Vendor Registration Form

Company Contact(Write in Block letter)

Company Name/Name of Vendor/Beneficiary		Mailing Address	
PAN No			
GST No			
Email			
WebSite			
Point of Contact Name & Title			
Contact Email			
Contact Phone 1		Contact Phone 2	

Banking Information (Write in Block letter)

Bank Name	
Beneficiary Name	
Account Number	
IFSC Code	

Note: compulsory submit cancelled Cheque with this form.

### Certification

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the payments/the evaluation of quotations. Bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

Printed/typed Name

Title

Signature

Date