

HALL MANAGEMENT CENTRE
IIT, KHARAGPUR

Date : August 29, 2016

All vendors are hereby requested to provide the following, while submitting their bills, to facilitate online payment.

1.	VENDOR CODE	:	TO BE GENERATED BY HMC OFFICE
2.	NAME OF THE VENDOR	:	
3.	PAN NO.	:	
4.	NAME OF BANK	:	
5.	BRANCH ADDRESS	:	
6.	BANK ACCOUNT NUMBER	:	
7.	BANK CODE	:	
8.	IFSC CODE	:	
9.	VAT NO.	:	
10.	CST No.	:	
11. (a)	HOLDING/PREMISES NO.	:	
(b)	STREET NAME	:	
(c)	CITY /VILLAGE/TOWN	:	
(d)	ROOM/FLOOR	:	
(e)	DISTRICT	:	
(f)	STATE	:	
(g)	PIN NO.	:	
12	E-MAIL ID	:	
13	MOBILE PHONE NO	:	
14..	SIGNATURE WITH DATE	:	


CHAIRMAN