

**Format to be submitted to TEQIP office
Vendor Registration Form**

S N		Details
1.	Name of Vendor	
2.	Name of Department / Firm	
3.	Date of Birth	
4.	Postal Address	
5.	Mobile Number (payment details will be sent to this number)	
6.	Email id (payment details will be sent to this id)	
7.	Purpose	
8.	Amount to be approved	
9.	Aadhaar No. (Enclose Copy)	
10.	PAN No. (Enclose Copy)	
11.	Bank Details (Enclose Copy of Front Page of Passbook/ Statement / Cancelled Cheque)	
	Name of Bank	
	Branch	
	IFSC Code	
	Account No.	

*: All details are compulsory for payment.

The above details are correct to the best of my knowledge and belief. I will be solely responsible for any error or discrepancy in the above details.

Signature of Applicant

Date:

-----For Office Use Only-----

Head of Expenditure	
Sanction amount	
Sanction Date	
Sanction Number	
Payment Type	Advances/ Settlement / Expenditure Payment :

Passing Assistant		Account Section	
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Coordinator TEQIP III	Pass / Reject bill for payment	
Dean P&D	Pass / Reject bill for payment	
Director	Pass / Reject bill for payment	