MODI PROPERTIES PVT. LTD.
VENDOR REGISTRATION FORM

Name of company/firm: AIR COMFORT SOLUTIONS			
Office mobile/landline: 040-35979173 / 9703669365		Office email: aircomforts@outlook.com	
Address for communication:	AIR COMFORT SOLUTIONS		Street: STREET NO :09
Flat/house/office no: PLOT NO : 137		Landmark:Near Community Hall	
City/Town/Village: HMT NAGAR , NACHARAM	District/State:HYDERABAD -TELANGANA		Pin code: 500076
Nature of company/firm:	✓ Individual / Proprietorship ☑ Partnership / LLP □ Pvt. Ltd. Company □ Limited Company □ Other		

Contact details:

S No	Contact person for	Name	Mobile	Email
1.	Proprietor/director/partner/ owner	KAMAL PANDE	9703669365	aircomforts@outlook.com
2.	Sales	PURNA	9063578365	Sales.aircomforts@outlook.com
3.	Delivery	BHARATH	9052436551	Purchase.aircomforts@outlook.com
4.	Installation	JANI	9177566022	Projects.aircomfortshyd@outlook.com
5.	Accounts	SRAVAN	040-35979173 Extn: 55	Aircomforts.capital2022@outlook.com

Details for payment:

Pan card no: BFMPP1830D	GST no: 36BFMPP1830D1ZK	Bank a/c no: 0 0 0 8 0 5 0 1 8 7 4 1
Bank Name: ICICI	Branch: KHAIRATABAD	IFSC code:I C I C 0 0 0 0 0 0 8
Sign of Proprietor/director/partner/ owner:		Date:10-05-23

For office use only (do not fill/write).

VRN No.: 1380		Scan Id:	
Purchase – Material category/type: Equipment Supplies			
Approved by	Name	Sign	Date
	Bamakar		10/5/23

Notes: This form to be approved by purchase manager and uploaded on M-codex.