MODI PROPERTIES PVT. LTD.
VENDOR REGISTRATION FORM

Name of company/firm: GROMOR FOOD NURSERY			
Office mobile/landline:		Office email: gromor2000@gmail.com	
Address for communication:	Lane beside suraksha hospital, Kompally, Secunderabad, Tealngana-500100		Street:
Flat/house/office no:		Landmark:	
City/Town/Village:	District/State: Telangana		Pin code:500100
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	Prasad	9966006894	gromor2000@gmail.com
2.	Sales			
3.	Delivery			
4.	Installation			
5.	Accounts			

Details for payment:

Pan card no:	GST no:	Bank a/c no:29145700000019
Bank Name: DCB Bank	Branch: Kompally	IFSC code:DCBL0000291
Sign of Proprietor/director/partner/ owner:		Date:

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

VRN No.: 1463		Scan Id:	
Purchase – Material category/type:Supplier of all types of plants			
Approved by	Name	Sign	Date
	Bhargava		05/6

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