Sov

## MODI PROPERTIES PVT. LTD. CONTACTOR REGISTRATION FORM

| Name of company/firm:   | mond Ishaq.                         | 2                                      |                    |
|---|-------------------------------------|--|--------------------|
| Office mobile/landline:   | 9246364906                          | Office email:                          |                    |
|   | ouse/office no: 12-11-366   21      | Ali wassiqueda                         | Street: -          |
| Location: Landmark: Landmark:   |                                     |  |                    |
| City/town/village:  | District/state:                     |  | Pin code:          |
| Nature of company/firm:   □ Individual / Proprietorship □ Partnership / LLP □ Pvt. Ltd. Company □ Limited Company □ Other |                                     |  |                    |
| Contact details:  |                                     |  |                    |
| No Description  | Name                                | Mobile                                 | Email              |
| 1. Proprietor/director/partner/ own   | ner mohd. Pshag                     | 9246364906                             |                    |
| 2. Head mason/supervisor  |                                     | 124 036 9 100                          |                    |
| 3. Other supervisor   |                                     |  |                    |
| 4. Other supervisor   |                                     |  |                    |
| 5. Contact person for accounts  |                                     |  |                    |
| Details for payment:  |                                     |  |                    |
| Pan card no: AAJP 1995B GST no: 36AAJP 1995B17R. Bank a/c no: 112305000525.   |                                     |  |                    |
| Rank Name:  |                                     | Poppoad IFSC co                        | ode: 101620001123. |
| Sign of Proprietor/director/partner/ or   | vner vner                           | Date:                                  | 2/1/21             |
| or office use only (do not fill/write).   |                                     |  |                    |
| Description of work:  \[ \begin{array}{ c c c c c c c c c c c c c c c c c c c   |                                     |  |                    |
| Type of work:   | ☐ Labour only Material + Labour ☐ E | Equipment hire   Other                 | CRN No.:           |
|   |                                     |  |                    |
| Approved by   | Name                                | Sign                                   | Date               |
| Hamin - Sadit   | B. Dravely                          | VERIFIED BY                            | 09-04-21           |
| otes: This form to be approved by admin-aud   | it manager and uploaded on M-codex. | 0 9 APR 2021  B. PRAVEEN AUDIT MANAGER |                    |