MODI PROPERTIES PVT. LTD. CONTACTOR REGISTRATION FORM

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	CONTACTOR REGISTR	KATION FORM	
Name of company/firm:	D. ADIL PASHA.		
CCC Fig. 15	13358012	Office email:	
Address for communication: Fla	11 1 000	Office email.	
Location: D1 1	7-11.08		Street: Bharat Magar.
City/town/village:		Landmark: Sagar Cchoo	
UPP9	District/state:	telangana.	Pin code: 500039
Contact details:	ndividual / Proprietorship 🗆 Partnership / LLP	P - Pvt. Ltd Company - Limited C	ompany □ Other
No Description	N		
1. Proprietor/director/partner/ o	Name	Mobile	Email
2. Head mason/supervisor	wher MD Adil pasha.	7013358012	-
Supervisor	•		
Supervisor			
4. Other supervisor			
5. Contact person for accounts			
Details for payment:			
Pan card no: RL PPM 16837 GST no: Bank a/c/no: 3.0 1.1.1			
Bank Name: State Rank of India. Branch: pgasanthnagar (uppa), IFSC code: S81N 0006557.			
Sign of Proprietor/director/partner/ owner			
For office use only (do not fill/write)			
Description of work: Civil, Civil, RCC, Plumbing Flectrical Flectrical Requipment him Rection Rections Tile Section Rections Rect			
Road work Gardening House Keeping Security Services Bore-well Digital Surveyor Soil Testing Cladding Granite Granite Fitting Carpentry Welding Kadi Fixing Other Railing work AC service RO plant service Generator service Pump			
repair Trai	pentry □ Welding □ Kadi Fixing □ Other □ R nsportation-Service	Railing work AC service RO pla	ant service Generator service Pump
Type of work:	□ Labour only □ Material + Labour □ Eq		CRN No.:
		- Other	CRN No.:
Approved by	Name		
Ashair Ashil	Name	Sign	Date
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otes: This form to be approved by admin-audit manager and uploaded on M-codex. VERIFIED BY			
		0 9 APR 2021	
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	A	B. PRAVEEN UDIT MANAGER	