MODI PROPERTIES PVT. LTD. VENDOR REGISTRATION FORM

Name of company/firm: C Q 19) =				
SK CIGIAL					
Office mobile/landline: 888 666 3135 040 6638 4943 Office email:					
Address for communication: Flat/house/office no:					Street:
Location: 4-3-2 RP ROAD SECUNDERMO Landmark: CITY LIWHT HOTEL					
City/Town/Village: HYDE RABAD (CITY) District/State: TELENGANA					Pin code: 500003
Nature of company/firm: □ Individual / Proprietorship □ Partnership / LLP □ Pvt. Ltd. Company □ Limited Company □ Other					
Contact details:					
S No Contact person for	on for Name		Mobile		Email
1. Proprietor/director/partner/ owner SARVAN SHARM A			888 6663135		SR4gH8@gmaic com
2. Sales	SALES		90000854		0 70
3. Delivery		·F			· F
4. Installation					
5. Accounts	_	•			
Details for payment:					
Pan card no: AHMPR9714P GST no: 36AHMPR9714P12BBank a/c no: 041361900000335					
Bank Name: YES BANK Branch: RP RO 40				IFSC coo	le: YESB 0000 413
Sign of Proprietor/director/partner/ owner: Date:				Date: 2	3/7/2021
For office use only (do not fill/write).					
VRN No.: 1187 Scan Id:					
Purchase - Material category/type: Bulk head light, Deverthe Luffin Approved by Name Sign Deverthe Deverthe Sign Deverthe Devert					
Approved by	Name 0		Sign		APPROVED Date
Propakar			DA	_	
Notes: This form to be approved by purchase manager and uploaded on M-codex.					
			•		P. PRABHAKAR Sr. MANAGER PURCHASE