



भा.कृ.अनु.प.-भारतीय पशु-चिकित्सा अनुसंधान संस्थान
इज्जतनगर -243122, बरेली (उप्र) भारत



ICAR-INDIAN VETERINARY RESEARCH INSTITUTE
IZATNAGAR - 243 122, BAREILLY U.P.) INDIA

Format for addition/updation of Vendor Information in MIS-FMS/P.F.M.S.

VENDOR DETAILS (IN CAPITAL LETTERS)

| | |
|--|--|
| Name of Institute/Campus | |
| Name of Division/Sec. (introducing the vendor) | |
| Name of the Firm | |
| Firm's Address | |
| Name of the Bank | |
| Branch Name | |
| Account Number | |
| IFSC Code | |
| PAN Number | |
| GSTIN No. | |
| FOR MODIFICATION OF VENDOR DETAILS | |
| Vedor No. | |
| Remarks/justification for modification of vendor details | |

NOTE: Supporting documents of the firm either for creation or modification of details are mandatory to be attached with this proforma in both conditions.

| | |
|--|--|
| Signature of HD/Incharge/ Scientist/AAO of the concerned Institute/Campus (with seal) | |
|--|--|

Note:

1. It would be responsibility of the signing official to ensure the validity of the information provided in the form.
2. The validity of PAN/GSTIN number(s) should be confirmed from the relevant government database before submitting to vendor creation authority.