**(Information for E-payment, PF details and declaration regarding Micro/Small & Medium Enterprises)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bidder’s Name and Address :** |  |  | **To:** | | |  | |  | | |  | | | |  |  | |
|  | | | | C&M | | | | |  | | |  | |  | | |
| **Name :** |  | | | Central Transmission Utility of India Ltd., | | | | | |  | | |
| **Address :** |  | | | "Saudamini", Plot No. 2, Sector 29 | | | | | |  | | |
|  |  | | | Gurgaon (Haryana) - 122001 | | | | | | | |  | |  | | |
|  |  | | |  |  | |  | |  | | |  | |  | | |

Dear Sir,

We hereby authorize the Employer to make all our payments through Electronic Fund Transfer System. The details for facilitating the payments are given below: -

|  |  |  |
| --- | --- | --- |
| 1 | Name of the Consultant in whose favour payment is to be made |  |
| 2 | Address with PIN Code and State | |
| Registered Office: |  |
|  |
|  |
| Correspondence Address: |  |
|  |
|  |
| 3 | Name of Contact Person |  |
| Designation |  |
| 4 | Contact Details | |
| Landline(s): |  |
| Mobile(s): |  |
| Email ID : |  |
| 5 | Status – Company/others  [Declaration of Micro/ Small/ Medium Enterprise under Micro/ Small & Medium Enterprises Development Act 2006, if applicable] |  |
| 6 | Permanent Account (PAN) No. |  |
| 7 | GSTIN No. | (i)  (ii)  (iii) |
| 8 | PF Registration No. of the Company |  |
| 9 | PF Regional Office covered (with Address) |  |
|  |
|  |
| 10 | Bank Details for Electronic Payment | |
| Name of the Bank: |  |
| Address of Branch: |  |
|  |
|  |
| Account No.: |  |
| Type of Account:  Current Account or Saving Account |  |
| 11 | 9-digit MICR code printed at bottom in middle, next to cheque no. |  |
| 12 | IFSC (for RTGS)/NEFT Code (to be obtained from the Bank) Sample Cancelled Cheque to be enclosed |  |

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or credit is not affected at all for reasons of incomplete or incorrect information, I/We would not hold the employer responsible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date :** |  | **Printed Name :** |  |
| **Place :** |  | **Designation :** |  |