|  |  |
| --- | --- |
| Sr. No. | Details |
| 1 | Institute Name :  |  |
| 2 | Vendor Name / Contact person :  |  |
| 3 | Organization Type :  |  |
| 4 | Address :  |  |
| 5 | City : |  |
| 6 | Pin Code : |  |
| 7 | E-Mail :  |  |
| 8 | Tel No. (Land Line) : |  |
| 9 | Mobile No. :  |  |
| 10 | GST NO. :  |  |

**Quotation form for Registration**