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| --- | --- | --- |
| 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. : |  |
| 11 | Name of PI/ Guide: |  |
| 12 | Contact number of PI/ Guide: |  |

|  |  |
| --- | --- |
| 13 | Project summary in brief (up to 10 lines) : |
|  | |

Signature & Stamp of PI/Guide**\***

Name of PI:

Designation:

Date:

**\*Please send scanned copy of this document on bpf@actrec.gov.in**