|  |  |
| --- | --- |
| 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**