

IGNOU

DATE :

Form for creation /update in VENDOR ID

Please create vendor id for the details mentioned below-

Name	
Employee ID/Samarth-ID	
Email	
Phone no.	
Address	
Vendor Type(Please tick)	IGNOU Employee / Retired / Beneficiary-dependent of IGNOU employee / Empaneled Hospital / other
GST Number	
TIN Number	
PAN Number(Please attach copy of PAN)	
Bank Account Number (copy of First page of passbook/cancelled cheque required)	
Verify Account Number	
Exact Name in Bank Account	
Name of the Bank	
Branch name & branch address	
IFSC Code	

Signature_____

Name_____

Designation_____

Department/Division/School_____