To

The Finance Officer

Sikkim University

6th Mile, Gangtok - 737102

 **PFMS – FORM NO. 2**

**REQUIRED VENDORS DETAILS FOR REGISTRATION IN PFMS**

|  |  |  |
| --- | --- | --- |
| **SL.NO.** | **ITEMS**  | **PLEASE FILL IN BLOCK LETTERS ONLY** |
| 1. | TYPE : | DEPARTMENTAL OFFICER/TEACHER/NON-TEACHING STAFF |
| 2. | VENDOR/ NAME |  |
| 3. | DATE OF BIRTH |  |
| 4. | FATHER/HUSBAND NAME |  |
| 5. | ADDRESS WITH PIN NO |  |
| 6. | MOBILE NO |  |
| 7. | EMAIL ID |  |
| 8. | PAN NUMBER |  |
| 9. | BANK NAME: |  |
| 10. | BANK BRANCH |  |
| 11. | BANK ACCOUNT NO |  |
| 12. | IFSC CODE |  |

**FULL SIGNATURE**

**DATE:**