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| Format-I: For New ContractorNew contractor information for contractor master in OMMAS

|  |  |  |  |
| --- | --- | --- | --- |
| **BeneficiaryID**  | **Not required (Automatically generated for new contractor)** | **PAN No.\*** |  |
| **Registration Number \*** |  | **Class \*** |  |
| **Validity From (Date) \*** |  | **Validity To (Date) \*** |  |
| **Company/Firm Name \*****(As per bank)** |  |
| **Contact Address \*** |  |
| **District \*** |  | **State \*** | **MADHYA PRADESH** |
| **Pin \*** |  | **Fax**  |  |
| **Phone 1(with STD Code) \*** |  | **Phone 2**  |  |
| **Mobile \*** |  | **Email**  |  |
| **Bank Account Details**  |
| **Bank Account Number#** | **Bank Name#** | **IFSC CODE (11 digit) #** |
|  |  |  |
| **Contractor Name:**  |
| **First Name\*** |  | **Middle Name** |  | **Last Name** |  |
| **Registration Details**  |
| **Registration Office\*** |  | **Registration State\*** |  |
| **Other Details**  |
| **Remarks**  |  |

 |

**Note: 1. \* are required field properly entered or verified.**

**2. # are required field and properly enter as per cross cheque as well as bank statement.**

**3. Mobile number should be in 10 digit.**

**4. PAN Number must be in proper format ABCDE1234F**

General Manager

Project Implementation Unit \_\_\_\_

M.P. Rural Road Development Authority

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| Format-II: For ModificationModification contractor information for contractor master in OMMAS

|  |  |  |  |
| --- | --- | --- | --- |
| **Beneficiary ID \*** |  | **PAN No.\*** |  |
| **Registration Number \*** |  | **Class \*** |  |
| **Validity From (Date) \*** |  | **Validity To (Date) \*** |  |
| **Company/Firm Name \*****(As per bank)** |  |
| **Contact Address \*** |  |
| **District \*** |  | **State \*** | **MADHYA PRADESH** |
| **Pin \*** |  | **Fax**  |  |
| **Phone 1(with STD Code) \*** |  | **Phone 2**  |  |
| **Mobile \*** |  | **Email**  |  |
| **Bank Account Details**  |
| **Bank Account Number#** | **Bank Name#** | **IFSC CODE (11 digit) #** |
|  |  |  |
| **Contractor Name:**  |
| **First Name\*** |  | **Middle Name** |  | **Last Name** |  |
| **Registration Details**  |
| **Registration Office\*** |  | **Registration State\*** |  |
| **Other Details**  |
| **Remarks**  |  |

 |

**Note: 1. \* are required field properly entered or verified.**

**2. # are required field and properly enter as per cross cheque as well as bank statement.**

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General Manager

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