

CO: INFORMATION TECHNOLOGY DEPARTMENT, INDIAN BANK, CORPORATE OFFICE, 254-260, AVVAI SHANMUGAM SALAI CHENNAI – 600014

Ref: CO/ITD/CNW/1315/R1/2018-19 18/12/2018

4. VENDOR PROFILE

General	
Company Name	
Name of the CEO	
Name of the Principal Banker and address	
Holding Company or Parent Company (if any)	
If Holding Company, Name of the Parent Company	
Company's address Head Office:	
Chennai Office, If any:	
Head Office	
Phone, fax,	
E-Mail	
Chennai Office Phone,	
fax, E-Mail	
Please provide details of ownership: private/public;	
Holding company, If any.	
Top 3 shareholders	
No. of Years in NETWORKING business	
Name of the Contact person	





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18/12/2018

Phone / Mobile/ FAX			
Financial Background (in Crores)	2016-17	7	2017-18
Turnover			
Net Profit After TAX			
Total Assets			
Total Liabilities			
Network product Partnership	· · ·		
Manufacturers with whom the compartnership	oany has		
What is the status of partnership (like Gold, Silver etc.)			
How long the company is associated Manufacturer	with the		
Please submit the following details of malast three years i.e. 2015-16, 2016-17 necessary. 1) Name of the Client 2) Description of the project 3) Contract amount 4) Details of equipment supplied under to 5) Contact person with phone No.	and 2017	ts executed by t -18 (Additional s	he company during the sheets may be used, if
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