



OFFICE OF THE ACCOUNTANT GENERAL SINDH

VENDOR CREATION FORM

Bank: _____

Branch: _____

Account: _____

Section:

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Name of Vendor:

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cost center:

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Category:	DDO	Govt. Servant	Rtd. Govt. Servant
	Other than Govt. Servant	Supplier/Contractor	
	Govt. Institution	Others	

SEARCH TERM:

Govt. Employee

Personnel Number:

--	--	--	--	--	--	--	--

CNIC Number:

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--	--	--	--	--	-----	--	--	--	--	--	--	--	--	--	-----	--

Other than Govt. Employee

CNIC Number:

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Supplier/Contractor

NTN/ Sales Tax Number:

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Government Institution

FTN Number:

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Official Stamp

Signature of DDO

Head of Office/Department

(FOR OFFICIAL USE ONLY)

Checked & Verified by: Senior Auditor Asst. Accounts Officer Accounts Officer

Vendor

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Vendor Created By: _____

Dated: _____