

**Gujarat Co-Operative Milk Marketing Federation Ltd.,  
Anand Dairy Road, Anand 388 001, INDIA  
Phones: 258506-08. FAX 02692 240208**

**GCMMF invites Data On Firm (DOF) from manufacturers/supplier of Veterinary Medicines, First Aid & Surgical Items**

GCMMF invites Data/ information from manufacturers of Veterinary Medicines, First Aid & Surgical Items. If you are reputed manufacturer of above items being used for field treatment having In- house facility of Manufacturing, Testing, Research & Development etc having minimum 5 years of experience in same line of business, kindly submit your information in given Data On Firm Form duly signed and stamped along with necessary enclosures to:

**Head (Purchase), GCMMF  
Limited. Amul Dairy  
Road, Anand- 388001,  
Gujarat.**

Please be informed that the enclosed form is only requesting for information regarding your product, infrastructure, services and financial strength, experience for the supply of the same etc. This information will be retained with us and may/may not result in enlisting your name in our list of regular suppliers. After submitting the above details on your firm, if we find that the information provided to us is false, misleading, we reserve our right to terminate our dealings/any business with you at any point of time.

Please see the Data On Firm Form below.



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**ANNEXURE - I**

**DATA ON FIRM DEALING IN VETERINARY MEDICINES.**

**GENERAL DATA**

1. Name of the Supplier :
2. Address of Registered Office :

Phone No (O)	Phone No (R)	FAX No.	Mobile No.	E-Mail ID	WHO GMP	ISO

**PAN NO.** :

**TIN NO.** (CST & LST) :

3. Drug Licence No.  
(Pl. enclose copy of licence) :
4. Name and designation of  
Principal Officer :
5. Status (Whether an individual  
Partnership firm, Public/  
Private Limited Company) :
6. In case Partnership firm  
a) Whether it has been registered :  
b) If registered provide certified  
extract from the Registrar of firm :  
c) Name and address of all Partners :  
d) Details of Partnership deed  
(Please enclose a copy of the same) :
7. If proprietary concern name and  
address of the Proprietor :
8. Year of establishment of firm :
9. Name of the officer/ person to  
be contacted :

**DATA ON FACTORY**

1. Location of Factory (Address) :

Phone No (O)	FAX No.	Mobile No.	E-Mail ID	ISO

2. Date of commencement of Commercial production :

3. If small scale factory, please give SSI Registration No. and copy of Registration :

4. Central Sales Tax No. :

5. State Sales Tax No. :

6. Whether Central Excise Duty applicable?  
If yes, please give the rate :  
Excise classification No.  
(chapter/section/subsection)  
Excise heading :  
Rate of excise :

7. a) Name of the Production in charge with technical background and experience in the line :

b) Name, Qualification and experience of quality assurance man :

8. Veterinary products manufactured by you (enclose list) :

9. Products manufactured on loan licence by other manufacturer on your behalf. Furnish details about the manufacturer of Such products giving their drug mfg. license No. SSI Registration No. :  
(Enclose list of such products)

**DATA ON LOCAL OFFICE:**

1. If you are manufacturer, give address of your branch offices/Depots/ C&F Agent in Gujarat state :  
(If needed separate sheet be used in giving full information about your Depot/Branch Office/ C & F Agent)

Phone No (O)	Phone No (R)	FAX No.	Mobile No.	E-Mail ID	ISO

2. List of leading buyers for Veterinary products with volume of business of each during your last financial year :
3. Name of Bankers :
- Annual Report :  
(Enclose balance sheet/annual report for the last 3 years)
- Last 3 years Turnover / Production data :

Year	Production in	Turnover / Lacs Rs.

4. Whether any of your relative is working with us or with our member unions ?  
If so, please give details :
5. Any other information, you may like to furnish :

#### DECLARATION

The above information is true in all respects and we undertake to inform you if any change in the above particulars regarding our business from time to time.

Station:  
Date:

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Signature of the authorized  
representative of the firm  
under proper seal.