



MDG-IMS-02-15-F-03

AMULFED DAIRY, GANDHINAGAR

(A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LTD.)

VENDOR REGISTRATION FORM

(FOR MANUFACTURERS)

(A) DATA ON FIRM

1. NAME OF THE FIRM :

ADDRESS OF REGISTERED OFFICE	TELEPHONE (0)	TELEPHONE (0)	FAX NO./E-MAIL

2. NAME & DESIGNATION OF PRINCIPAL OFFICER :
PERSONS TO BE CONTACTED

3. STATUS (WHETHER AN INDIVIDUAL/ PARTNERSHIP FIRM/PUBLIC/PRIVATE LIMITED COMPANY) :

4. IN CASE OF PARTNERSHIP FORM :
(A) WHETHER IT HAS BEEN REGISTERED?
(B) IF REGISTERED PROVIDE CERTIFIED, EXTRACT FROM THE REGISTERED OF THE FIRM
(C) NAME OF ALL PARTNERS
(D) DETAILS OF PARTNERSHIP DEED (ENCLOSE COPY)

5. IF PROPRIETARY CONCERN, NAME & ADDRESS :
OF THE PROPRIETOR

6. IF PRIVATE/PUBLICATE LIMITED COMPANY :
PLEASE ENCLOSE COPY OF MEMORENDUM/
ARTICLE OF ASSOCIATION

7. YEAR OF ESTABLISHMENT OF FIRM :
YEAR OF COMMENCEMENT OF COMMERCIAL
PRODCUTION

8. NAME OF THE PRODUCTION IN CHARGE WITH :
TECHNICAL BACKGROUND & EXPERIENCE IN LINE

(B) DATA ON FACTORY

1.

ADDRESS OF REGISTERED OFFICE	TELEPHONE NO	TELEX/FAX NO.	E-MAIL

2. S.S.I. REG.NO. & COPY OF REGISTRATION :

3. WHETHER CST/GST IS APPLICABLE? IF YES PLEASE GIVE RATE :

4. CENTRAL SALES TAX NO. :

5. STATE SALES TAX NO. :

6. WHETHER CENTRAL EXCISE DUTY APPLICATION? IF YES GIVE THE RATE :

7. EXCISE DETAILS
(A) RANGE :
(B) DIVISION :
(C) COLLECTORATE :
(D) L/C NO. :
(E) E.C.C NO:

8. FSSAI No (If applicable) - _____ Valid From _____ Valid Upto _____

Kindly attach a copy of the same.

(C) PRODUCTION

1. NAME OF THE PRODUCTS/ITEMS PRODUCED/PROCESSED (ENCLOSE SEPARATE LIST IF NEEDED) :

2. INSTALLED CAPACITY OF PLANT (ENCLOSE DETAILS) :

3. MONTHLY CAPACTIY OF PRODUCTION :

4. NO. OF SHIFT PLANT IS RUNNING :

5. SPARE CAPACITY OFFERED FOR AMULFED DAIRY GANDHINAGAR :

6. GIVE LIST OF MACHINERIES, & EQUIPMENT INSTALLED FOR QUALITY CONTROL (IF APPLICABLE) AS PER FOLLOWING TABLE :

(A)

NAME OF THE MACHINE	TYPE	MAKE	SIZE	QTY	SPL. ATTACHMENT

(B)

NAME OF THE TESTING EQUIPMENT	TYPE	MAKE	SIZE	QTY	SPL. ATTACHMENT

7. LAST 3 YEARS PRODUCTION/TURN OVER DATA :

YEARS	PRODUCTION	TURNOVER/LACS RS.

8. LIST OF LEADING BUYERS WITH VALUE OF BUSINESS OF EACH :

ITEM	NAME & ADDRESS OF BUYER	ANNUAL VALUE OF BUSINESS (IN LACS)

(D) MISCELLANEOUS DATA :

1. NAME OF THE BANKERS :
2. INCOME TAX CLEARANCE CERTIFICATE NO
LATEST ANNUAL REPORT/RETURN (ENCLOSE COPY) :
3. WHETHER ANY OF YOUR RELATIVE IS WORKING WITH
US OR WITH OUR MEMBER DAIRIES. IF YES PLEASE GIVE
DETAILS :
4. ANY OTHER INFORMATION YOU LIKE TO FURNISH :
5. IN CASE YOU ARE/WERE A SUPPLIER
(A) TO GUJARAT CO.OP. DAIRIES, PLEASE MENTION NAME OF DAIRY:
ITEMS SUPPLIED, QUANTITY, PERIOD OF SUPPLY ETC.
(B) IF IT IS DISCONTINUES REASONS :
6. YOUR PREFERRED DAY OF THE WEEK FOR OUR VISIT TO YOUR
FACTORY :

DECLARATION

THE ABOVE INFORMATION IS TRUE IN ALL RESPECTS AND WE UNDERTAKE TO INFIRM YOU IF ANY CHANGE IN THE ABOVE PARTICULARS REGARDING OUR BUSINESS FROM TIME TO TIME.

PLACE : SIGNATURE OF AUTHORISED REPRESENTATIVE
DATE : OF THE FIRM UNDER PROPER SEAL

FOR OFFICE USE:

VENDOR REGISTER ENTRY NO. : DATE:
CATEGORY:
VENDOR NO:

INFORMATION RECEIVED IS COMPLETELY SATISFACTORY RECOMMENDED APPROVED
PURCHASE EXECUTIVE TEAM LEADER (PUR) OSD

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- COPY OF PAN CARD
- COPY OF EXCISE REGISTRATION (IF APPLICABLE)
- COPY OF GST REGISTRATION
- COPY OF CST REGISTRATION
- COPY OF BALANCE SHEET OF LAST THREE YEARS
- COPY OF TIN REGISTRATION
- COPY OF MSMED REGISTRATION
- COPY OF INCOME TAX RETURN OF LAST THREE YEARS
- COPY OF ISO CERTIFICATIONS (IF ANY)
- COPY OF SERVICE TAX REGISTRATION
- COPY OF FASSAI REGISTRATION (IF APPLICABLE)

PLEASE SEND THE FILLED FORM ALONG WITH ALL DOCUMENTS AS MENTIONED ABOVE TO THE FOLLOWING ADDRESS:

“SENIOR GENERAL MANAGER”
AMULFED DAIRY,
(A UNIT OF GCMMF LTD)
PLOT NO 35,
Nr. INDIRA BRIDGE,
AHMEDABAD-GANDHINAGAR HIGHWAY,
P.O. BHAT- 382428
GANDHINAGAR