

AmulFed Dairy

A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LIMITED

(Previously Known as Mother Dairy, Gandhinagar)

Request for Quotation (RFQ)

MDG: PUR: HSG: ARC Teflon tapes

2 May, 2017

To,

Dear Sir,

Sub: **Request for Quotation (RFQ)** for “ARC self adhesive teflon tapes /clothes“ as mentioned in annexure.

We invite your most competitive offer for ARC of self adhesive teflon tapes /clothes as per detailed specifications. Your offer should be based on following considerations:

1.The offer should reach:-AmulFed Dairy (Previously known as Mother Dairy-A Unit Of GCMMF Ltd) Plot No-35, Nr. Indira Bridge, Ahmedabad - Gandhinagar Highway. Village Bhat, Dist - Gandhinagar. Pin - 382 424.

2. Due Date: May 12, 2017 Before 17:00 hours

3. The offer should be submitted in sealed cover super scribing on the top left hand corner offer for MDG: PUR: HSG: “ARC of self adhesive teflon tapes /clothes “If it is not super scribed it can be liable for rejection.

4. Offer received after due date for whatsoever reason may be rejected. We will not be responsible for postal delays.

5. Offer should valid for acceptance for 45 days from date for submission of offer.

6. The price should be quoted with all details.

7. **Specify your tax condition.** Non indication of above levies will mean that prices are inclusive of all taxes and above levies.

8. Realistic and earliest completion period should be indicated in offer.

9. It will not be binding on us to accept the lowest offer.

10. Right to accept/reject any/all offers without assigning reason is reserved by us.

11. Offers which are incomplete or not meeting the conditions are liable for rejection.

12. Payment terms within 30 days of invoice receipt. If the payment term is document through bank, all banking charges shall be borne by the suppliers.

13. **Herewith this we are attaching vendor registration form please fill it up & provide along with offer, without vendor form offer must not consider.**

Plot No. 35, Nr. Indira Bridge, Ahmedabad-Gandhinagar Highway, Village: Bhat, Dist.:Gandhinagar, PIN 382428

Tel. No. (+91-79) 23969055 – 58, Fax No. (+91-79) 23969059

Website: www.amul.com

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14. **Also submit authorization letter for respective brand make, it is better if you are manufacturer.**
15. **If required initially trial order may be executed for two-three month and only after service and quality satisfaction we may process ahead.**
16. **Also submit test certificate for the supplied material.**
17. **It is very critical consumable so in case after using 1-2 quantity quality found inferior we reject total lot and replacement required at the earliest. We may recover loss from payment if market milk quality suffers.**

We are an ISO 9001: 2008, ISO 14001:2004 and ISO 22000:2005 company; we follow sustainable eco-friendly processes in our organization and expect the same to be followed at your end.

Note: If required please visit premises with prior confirmation before quote. Please arrange visit between 2:00 P.M. to 5:00 P.M. in working day.

Mail id as mentioned below.

Shri Hardik Gajjar : hardik.gajjar@amul.coop

Shri Sunil Sharma : sunil@amul.coop

Shri Chandrakant Trivedi : chandrakant.trivedi@amul.coop

Yours Faithfully,

For AmulFed Dairy,

Purchase Depart.

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Annexure - ARC of self adhesive Teflon tapes/clothes

1	3076049	STRIP ADHE TFLN 20MM(W) FOR POUCH/TEFLON - 175 / month (20MM*10 Mtr (Per roll) - Thickness-0.15MM)	2,100	EA
2	3075985	HORIZONTAL TFLN CLOTH/200 MM*1MTR 25 nos / month (200mm * 1 Mtr, Thickness-0.15MM)	300	EA
3	3179262	VERTICAL TEFLON CLOTH / 330 MM*1 MTR , 25 nos / month (330mm * 1 Mtr, Thickness-0.15MM)	300	EA
4	3076075	TEFLON TAPE 40 MM WIDTH, 10 nos / month	120	EA

Note : we required sample for the quoted items free of cost mentioning for sample purpose.

: Please submit 5 nos. rolls of teflon tape.

: Cut piece of clothes to evaluate technically.

: If required we may demand for more sample.

Mentioned quantities are approx estimated may vary as per requirement.



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VENDOR REGISTRATION FORM
(FOR AUTHORIZED DISTRIBUTORS/DEALERS/STOCKISTS/TRADERS/SERVICE PROVIDERS)

- (1) Category of item/Service for Which registration is sought :
- (2) Name Of Firm :
- (3) Add. Of Register Office :
- Phone No. & Fax No. :
- e-mail :
- (4) Name Of Contact Person (A'bad/Gujarat) :
- Status of Firm (outside Gujarat, if any)
- (5) In case of Partnership firm, :
- (a)
- (b)
- (c)
- (6) If Proprietary Concern Name & Address of proprietary :
- (7) If Private/Public Limited Co. (Memorandum Of Association to be enclosed)
- (8) Year of establishment of firm :
- (9) Category of items to be handled by you and their details
- | Item Catg. | Size | Make | Manufacturer | Nature Of Agency |
|------------|------|------|--------------|------------------|
|------------|------|------|--------------|------------------|
- (Enclose copy of Dealership/Agency approval letter of manufacturer)
- (10) Name and address of the dealer/depot from where you get delivery of item offered to us.
- (11) Please enclose details of manufacturer for the products offered to us.
- (12) Central Sales Tax No.
- (13) If excise applicable, current excise duty and details
- (14) Applicable CST/ST rate
- (15) Last 03years sales (business) of your firm (Average in Rs. Lacs)
- 2015-16
- 2014-15
- 2013-14
- (16) List of leading buyers from you for the products (services) offered to us.

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(17) Item category Name and address of buyer Annual business (Rs. Lacs)

(18) Name Of Bankers

(19) IT clearance certificate no. and date (Photocopy to be enclosed)

(20) Latest Annual Report / Auditors' certificate

(21) In case your are/were a supplier/service provider to co-op. Dairies in Gujarat, please mention

(If then attach purchase order copy with form)

- (a) Name of Dairy
- (b) Item Supplied
- (c) Quantities supplied per year

(22) If the business is discontinued with any of them reasons:

(23) Whether any of your relatives is working with us or with our member dairies, if so, details

(24) Any other information you would like to furnish to us

DECLARATION

THE ABOVE IS TRUE IN ALL RESPECTS AND WE UNDER TAKE TO INFORM YOU IF ANY CHANGE IN THE ABOVE PARTICULARS REGARDING OUR BUSINESS FROM TIME TO TIME

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

DATE : _____

FOR OFFICE USE

VENDOR REGISTRATION NO.

DATE

CATEGORY

VENDOR NO.

INFORMATION RECEIVED

RECOMMENDED

APPROVED

COMPLETELY SATISFACTORY

PURCHASE EXECUTIVE

MANAGER PURCHASE

OSD