

GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND
(PURCHASE DIVISION)

IMPORTANT: Before filling the form, carefully read the following instructions

1. Vide the enclosed form, we are only requesting the information regarding your product, infrastructure, services and financial strength, experience in the industry, etc.
2. Providing information in the Form does not constitute acceptance as an approved & registered vendor. Failure to enter all the mandatory information may result into rejection of the form. In the form, wherever attested copies of documents are sought, these are to be enclosed along with the form and must be self-attested, unless specified other-wise, with clearly visible rubber stamp of the firm.
3. The form is to be signed only by Proprietor / Partner / Director / CEO / Company Secretary / Head of Administration (for foreign company's Indian Operation). Form signed by any other person will be rejected without any further correspondence. Rubber stamp with name & designation should be clearly visible.
4. This information will be retained with us and may/may not result in enlisting your firm in our list of regular suppliers. Enlistment of any firm is entirely at the discretion of GCMMF Ltd. Anand and GCMMF reserves the right to reject any application without assigning any reason thereof.
5. Before dispatch of the Form and other documents, please ensure that all relevant documents are attached with the application form. Form with incomplete documents is likely to be rejected and no further correspondence shall be entertained.
6. After submission of form, it will be examined and if found suitable and complete in all respect, communication will be sent to you for further processing such as Capacity Assessment & Vendor Hygiene Inspection Visit, etc. Wherever "Not Applicable" please put "N.A.". Incomplete, illegible, unsigned or signed by unauthorised person and without e-mail address shall be rejected.
7. Acceptance of *Data On Firm* form does not guarantee the receipt of notification for all applicable solicitation or invitation to offer or the award of any purchase contract or award of any invitation for bid or request for proposal or request for quotation. All prospective vendors are requested to regularly visit our web site www.amul.com (B2B→ Suppliers Enquiry) for enquiries.
8. The firms are requested to provide the Mandate Form for enabling e-payment with the form.
9. All Member Unions of GCMMF have implemented ISO standards. The firms are requested to comply with the ISO standards and provide requisite Information as and when required.
10. Annexure to be filled for different categories of suppliers.
 - A. For Veterinary Medicine Suppliers
 - B. For Cattle-feed Raw Material Supplier
11. The form duly filled in all respect need to be sent to the following address:

HEAD (PURCHASE)
GUJARAT CO-OP. MILK MARKETING FEDERATION LTD.
ANAND - 388 001, GUJARAT

DATA ON FIRM

(To be filled in by Supplier)

Sr. No.	Name of the Item / Category of Products

If supplied to any MU of GCMMF (in past /currently), SAP Vendor Code: _____

1. **Name of the Company / Firm** _____

2.

.Address	Phone (STD Code - Phone No.)	Fax No.	Mobile No.	E-Mail	Website
Registered Office: Line 1: _____ Line 2: _____ Line 3: _____ City : _____					
Corporate Office : Line 1: _____ Line 2: _____ Line 3: _____ City : _____					
Communication address Line 1: _____ Line 2: _____ Line 3: _____ City : _____					

3. **Constitution of the firm : (Please tick)**

Proprietorship	Partnership	Private Ltd. Co.	Public Ltd. Co.	Co-operative
Others (Specify) _____				

4. **Primary Nature of Business (Please tick)**

Manufacturing	Trading	Service	Importer	Consultant	Commission Agent
Others (Specify) _____					

5. **Chief Executive/Principal Officer & Key Account Manager for GCMMF**

	Name	Designation	Education	Experience	Contact No. & personal e-mail address
Owner/Chairman/Chief Executive/Principal Officer					
Key Account Manager					

6. In case of proprietorship: Please enclose photocopy attested by public Notary (any of the following): Shops & Establishment Act Lic. /Udyog Aadhaar Registration Certificate or Affidavit by Proprietor indicating name of proprietor

7. In case of Partnership Firm /LLP

a) Whether it has been registered: Yes / No

b) If yes, provide certified, extract from the Registrar of firm

Sr No	Name of Partners	Educational qualifications	Experience (In Years)	Partner/Director, in any other firm/ Company (with details)

Partnership deed (Photocopy of partnership deed attested by Public Notary):

8. If Private/Public Limited Company : CIN :

(Please enclose copy of memorandum of Articles of Association & Certificate of incorporation)

Sr No	Name of Directors	DIN	Educational qualifications	Experience in No. of Years

9. Date of incorporation of firm :

10. Month/Year of commencement of Commercial Production /Business :

11. Name of the Production In-charge (with Educational/Technical background and exp. in the line):

12. Name of the Quality Control In-charge (with Educational background and exp. in the line):

13. Details of Plant / Factory :(Please tick): Owned / Leased / Hired / Third Party

Location / Address of Factory	Phone No.(O)	Fax No.	Mobile No.	E-Mail of the plant In-charge

Weekly off of your factory & Holiday Calendar : _____
(in case any change in Weekly off, please inform us immediately)

14. Category of Industry as per MSMED Act, 2006 (Please tick the appropriate box).

Micro	Small	Medium

Are you a Micro / Small Enterprise? Please enclose Udyog Aadhaar (Memorandum & Acknowledgment) & EM-II certificate full set of photocopy duly attested by Public Notary. NSIC/KVIC /KVIB/CB/DHH Certificate, If applicable, please submit photocopy duly attested.

15.

PAN No. :

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GST No :

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VAT TIN :

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Enclose photocopy duly attested

16. HSN Code of Product/s :

GST Rate applicable :

17. **PRODUCTION:** Products/Items produced/processed/re-packed/assembled

Sr. No.	Item Details	Size/ Packing/ Weight/	Specification (FSSAI/BIS/ AGMARK/ISO etc.)	Annual Installed capacity	Avg. Production of last 3 years	Spare Capacity for AMUL

18. List of In House Machineries, Printing facility (No. of colour printing which can be done) & equipment installed for Quality Control

Name of Manufacturing Machine	Type	Make	Size/ Capacity	No. of M/c	Special attachment

Name of printing Machine	Type	Make	Size / Capacity / Colour	No. of M/c	Special attachment

Name of Testing equipment	Type	Make	Size/ Capacity	No. of M/c	Remarks

Please attach the copies of all the relevant certificates/licences/approvals obtained for running the business. (e.g. Factory Act registration, Environment clearance certificate, PF/ ESI registration Certificate, Specific licences required for certain products, etc.)

19. Are you ISO accredited ? If Yes, indicate for which facilities/ products/services?
Please enclose valid ISO certificate attested photocopy.

Sl. No.	Facilities/Products/ Services	ISO Standard	ISO Acquired on	ISO Certifying Agency	ISO Validity (Up to)

Does your company catalogue or any other document claim for meeting the requirements of referred standard? Please provide details.

20. Details of your major Raw Material/Input suppliers:

Sl. No.	Facilities/Products/ Services	Name of Supplier	Contact Person	E mail ID	Mobile No.

21. As to whether you have your own transport facility? If so, please mention the details on type of vehicle/s, No. of Vehicles, Loading capacity, registration number etc.

22. Last 3 years Turnover data: (It is mandatory to submit last 3 financial year Balance Sheet as well as P&L Statement of your firm duly certified by CA)

Sl. No	Financial Year	Turnover in Rs. (Lakhs)	Profit / Loss in Rs.(Lakhs)

23. Last 3 years' Production Detail:

Sl. No	Financial Year	Product	Production in Quantity

24. REFERENCES OF YOUR CUSTOMERS [Regarding performance of your supply],
Please enclose photocopies of orders executed [Do not enclose enquiries received]
during the last 3 years.

Name of Customers	Value of Business (Lacs Rs.)

25. MISCELLANEOUS DATA:

Address of Branch / Associated Firm	Telephone No.	Telex/Fax No.	E-mail

26. Details of the Bankers

Sr. No.	Bank Name with Branch Address	IFSC Code	Type of Account	Account No.	SWIFT Code

**27. Are you availing any financing facilities or working capital financing from a bank/
financial institution? Please provide detail.**

Sr. No.	Beneficiary name with Bank Branch Address	IFSC Code	Type of Account	Account No.	SWIFT Code

28. Income tax clearance certificate No & date (Please enclose copy) :

29. Land / Plant/ Machinery/Stocks hypothecated with : _____

30.

Details of any Notice served on the firm / owner / director by any statutory body	
Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad	
If blacklisted by any customer, Pl. provide details.	

31.

Whether any of your relative is working with GCMMF or its Member Unions. If so, please give details	
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32.

ANY OTHER INFORMATION CONSIDERED RELEVANT AND USEFUL	
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DECLARATION

I / We certify that the information furnished above is correct and complete to the best of my/our knowledge and belief. If at any time we are found to have concealed any material information or if the same is found incorrect or misleading, GCMMF reserves the right to cancel the registration and take any other action as deemed fit without notice or compensation. Also we undertake to inform you of any subsequent change in the above particulars regarding our business from time to time, to keep all information current. We also undertake the responsibility that in no case we will employ any consultant to deal with GCMMF/its member unions.

We also hereby authorize GCMMF to conduct infrastructure as well as hygiene audit of our facility either by representative of GCMMF or third party approved by GCMMF. In case of audit by third party, charges as decided by GCMMF shall be paid by us to the approved agency.

We understand that receipt of this Data On Firm Form is not binding GCMMF in anyway to send enquiry to us.

Name :
Designation :

Place :
Date :

Signature
& Seal of the Company

For the manufacturers of Veterinary Medicines, First Aid & Surgical Items

(If you are manufacturer of above items being used for field treatment of cattle; having In-house facility of Manufacturing, Testing, Research & Development etc. with minimum 5 years of experience in this line of business,)

1. Is your plant WHO GMP compliant? : _____

2. Is your plant EU GMP compliant? : _____

3. Is your plant FDA certified? : _____

4. Is your plant ISO accredited? : _____

5. Is your plant GLP accredited? : _____

6. Drug Licence No. : _____
(Pl. enclose copy of licence)

7. List of Veterinary Medicines /items

Sr. No.	Generic Name of drug / Item Description	Brand Name	Composition	For treatment/ Indication	Drug / Product registered under (Allopathic/ Ayurvedic /Homeopathic)	Mfg. under OWN / LOAN License	Pack Size (Primary) & Packing Material

Cattle-feed Raw Material Supplier

(If you are manufacturer/ trader of above items being used for manufacture of Cattle Feed; with minimum 3 years of experience in this line of business,)

Please provide details for last 12 months

Sr. No.	Material	Turnover (Lacs Rs.)	Major Supplier/ Sourcing Area	Major Customers
1	BAJARA			
2	BARLEY			
3	BENTONITE POWDER			
4	CALCITE POWDER			
5	COTTON SEED EXTRACTION (40%)			
6	D.O.RICE BRAN			
7	DAMAGED WHEAT			
8	DI CALCIUM PHOSPHATE (FEED GRADE)			
9	GRINDED SALT			
10	GROUND NUT SHELL POWDER			
11	GUAR BHARDO(55%)			
12	GUAR CHUNI(40%)			
13	JUWAR			
14	MAIZE			
15	MILLETS BRAN			
16	MINERAL MIXTURE			
17	MOLASSES			
18	MYCOTOXIN BINDER(CHARACTER :PURITY:100%)			
19	RAPESEED EXTRACT			
20	RICE POLISH,FINE			
21	RICE POLISH,FINE GRADE II			
22	RAW RICE BRAN			
23	R.P. FINE (20%)			
24	UREA FOR INDUSTRIAL USE			
25	VITAMIN AD3E FOR CATTLE FEED			