



(Previously Known as Mother Dairy, Gandhinagar)

Request for Quotation (RFQ)

AFD: PUR: HSG: Incubation heater panel

13 May, 2019

To,

Dear Sir,

Sub: **Request for Quotation (RFQ)** "Incubation room heater panel".

We invite your most competitive offer for above mentioned as per detailed specifications. Your offer should be based on following considerations:

1. The offer should reach:-AmulFed Dairy (A Unit Of GCMMF Ltd), Previously known as Mother Dairy, Plot No-35, Nr. Indira Bridge, Ahmedabad - Gandhinagar Highway. Village Bhat, Dist - Gandhinagar. Pin - 382 424.
2. Due Date: May **23, 2019 Before 17:00 hours**
3. The offer should be submitted in sealed cover super scribing on the top left hand corner offer for AFD: PUR: HSG: "Incubation room heater panel". 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. Mail is also acceptable.
5. Offer should valid for acceptance for 60 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. 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.**
14. Offer should be sent through post or courier not by fax or personally.
15. The price should be quoted on F.O.R. basis inclusive of P&F, taxes and duties, freight etc. However if it is separate, it should be clearly mentioned in the quotation.
16. It should cover a warranty of at least one-year against manufacturing defect.
17. No queries regarding the status of the offer will be entertained at any time.

AmulFed Dairy

A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LIMITED

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18. All the bidders have to submit the detailed GA drawing with bid.

19. You have to submit test reports of NABL approved lab for all the materials used.

Eligibility Criteria: Have experience of same type/capacity - minimum two installations.

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 AmulFed Dairy, Gandhinagar with prior appointment to understand our requirement.

Mail id as mentioned below.

Shri Hardik Gajjar : hardik.gajjar@amul.coop

Shri Sunil Sharma : sunil@amul.coop

Shri Jaydip : jaydip.yoganandi@amul.coop

Yours Faithfully,

For AmulFed Dairy,

Purchase Depart.



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Heater panel for Incubation room

BROAD SCOPE OF WORK

Design, getting design and drawings approved from AFDG team, manufacturing, supply, installation, testing and commissioning of HEATER PANEL TO MAINTAIN 55° C IN INCUBATION ROOM, system broadly comprising of:

The system will maintain the temperature of room having size 15 X 12 X 12 Ft

Hot air blower Specification

: The unit is duly painted, having wall/ceiling mounting facility, will consist of Following:

1. Constant Air flow generating Blower fans
2. Motor to rotate the blower fans with minimum noise
3. Airflow fluctuation resistant, Continuous duty rated heaters.
4. Protective nets to avoid electrical shocks and accidents.

Control Panel: The control panel made of M. S. Painted, consist of following:

1. Temperature Controller.
2. RTD Sensor with 5-meter extension cable for above controller.
3. Protecting MCBs for heaters
4. Protecting MCBs for Blowers
5. Interlocking devices.
6. Heater On & Blower On indicating Lamps.
7. Control circuit protecting MCBs
8. Termination for heaters and blowers.

temperature required to be maintained 55° C.

JOB IS TO BE CONSIDERED ON TURN-KEY BASIS.

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VENDOR REGISTRATION FORM

(FOR MANUFACTURERS)

ADDRESS REGISTERED OFFICE	OF	MOBILE NOS.	FAX NOS.	E-MAIL

1. NAME OF THE PRODUCTS / ITEMS :
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 FIRM :
 - (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/PUBLIC LIMITED COMPANY : PLEASE ENCLOSE COPY OF MEMORANDUM/ ARTICLE OF ASSOCIATION
7. YEAR OF ESTABLISHMENT OF FIRM : YEAR OF COMMENCEMENT OF COMMERCIAL PRODUCTION
8. NAME OF THE PRODUCTION IN CHARGE WITH TECHNICAL BACKGROUND & EXPERIENCE IN LINE DIPLOMA/DEGREE & EXPERIENCE IN YEARS :

Data on Factory

ADDRESS OF REGISTERED OFFICE	TELEPHONE NO	MOBILE NO.	FAX NO.	E-MAIL

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2. S.S.I. / MSMED REG.NO. (PLEASE ENCLOSE
COPY OF REGISTRATION CERTIFICATE) :

3. WHETHER GST IS APPLICABLE? IF YES : PLEASE
GIVE RATE(%)

4. GST REGISTRATION NO. :

5. FSSAI No (If applicable) - _____ Valid from _____ Valid Up to _____

Kindly attach a copy of the same.

(A) PRODUCTION

1. INSTALLED CAPACITY OF PLANT
:
(ENCLOSE DETAILS)

2. MONTHLY CAPACITY OF PRODUCTION :
(MT/Unit etc)

3. NO. OF SHIFT PLANT IS RUNNING :

4. SPARE CAPACITY OFFERED FOR AMULFED
DAIRY GANDHINAGAR :

5. SOCIAL ECONOMIC ZONE (Y/N)

6. CERTIFICATE (IF AVAILABLE PROVIDE COPY) :

- IMS / ISO CERTIFICATE (Y/N)
- HACCAP CERTIFICATE (Y/N)
- FSSAI CERTIFICATE (Y/N)

7. GIVE LIST OF MACHINERY, & EQUIPMENT
INSTALLED FOR QUALITY CONTROL :

(IF APPLICABLE) AS PER FOLLOWING TABLE

NAME OF THE MACHINE	TYPE	MAKE	SIZE	QTY	SPL. ATTACHMENT

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

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7. LAST 3 YEARS PRODUCTION/TURN OVER DATA :

YEARS	PRODUCTION	TURNOVER/LACS RS.

LIST OF LEADING BUYERS WITH VALUE OF BUSINESS OF EACH

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

MISCELLANEOUS DATA :

1. NAME OF THE BANKERS :
2. TAX CLEARANCE CERTIFICATE NO : INCOME
ANNUAL REPORT/IT RETURN (ENCLOSE COPY) : LATEST
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 BU

TIME.PLACE : SIGNATURE OF AUTHORISED REPRESENTATIVE

DATE : OF THE FIRM UNDER PROPER SEAL

FOR OFFICE USE:

AmulFed Dairy

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VENDOR REGISTER ENTRY NO. :DATE:

CATEGORY: VENDOR NO:

INFORMATION RECEIVED
COMPLETELY SATISFACTORY

RECOMMENDED

APPROVED IS

PURCHASE EXECUTIVE

TEAM LEADER (PUR)

GENERAL MANAGER

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- COPY OF PAN CARD
- COPY OF EXCISE REGISTRATION (IF APPLICABLE)
- COPY OF GST 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:

GENERAL MANAGER AMULFED DAIRY,

(A UNIT OF GCMMF LTD) PLOT NO 35,

Nr. INDIRA BRIDGE, AHMEDABAD-GANDHINAGAR HIGHWAY,

P.O. BHAT- 382428 GANDHINAGAR