

AmulFed Dairy

A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LIMITED

(Previously Known as Mother Dairy, Gandhinagar)

Request for Quotation (RFQ)

AFD: PUR: HSG: THE 35 KL

02 October, 2019

To,

Dear Sir,

Sub: **Request for Quotation (RFQ)** for "Tube Heat Exchanger 35 KL/Hr." as mentioned in annexure.

We invite your most competitive offer for "Tube Heat Exchanger 35 KL/Hr." 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: **October 09, 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: "THE 35 KL/Hr." 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. 20% PBG required before processing payment.

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 send test certificate for the supplied material.

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. We emphasis on energy efficient system and utilization of renewable energy systems in eco friendly and sustainable way.

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

: sinewpowder@amul.coop

Yours Faithfully,

For AmulFed Dairy,

Purchase Depart.

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Annexure - "Tube Heat Exchanger – 35 KL/Hr"

Capacity-35000 LTR/HR.

Product- LOW CONCENTRATE ACID, LOW CONCENTRATE LYE, HOT WATER

Working pressure-To be specify by supplier

Test pressure-To be specify by supplier

Gaskets-EPDM FOOD GRADE

No of passes-SINGLE

Thickness of tube-To be mention by Supplier

MOC-SS 316

Pressure drop product side-To be specify by supplier

Pressure drop Steam side-To be specify by supplier

Product Inlet Temperature-70 C

Product outlet temperature-90 C

Steam Inlet Pressure- 3 to 4 bar



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VENDOR REGISTRATION FORM

(FOR AUTHORIZED, DISTRIBUTORS/DEALERS/STOCKISTS, TRADERS, SERVICE PROVIDERS)

1. Category Item/Service for : which registration is sought
2. Name of Firm :
3. Address of Reg. Office : E-mail :
Phone (with STD Code) :
4. (a) Name of Contact Person :
(b) Status of the firm : (Outside Gujarat, If any)
5. In case, Partnership firm :
(a)
(b)
(c)
6. If Proprietary Concern – Name :
7. If Private/Public Ltd. Co. :
(Memorandum of Association to be enclosed)
8. Year of Establishment of the firm :
9. Category of items handled by you and their details :

Item catg.	Size	Make	Manufacturer	Name
of Agency (Enclose a copy of Dealership/Agency approval letter from manufacturers)				

10. Name and address of the dealer / depot from where you get delivery of item offered to us :
11. Please enclose details of Manufacturer of the products offered to us :
12. GST No. :
13. PAN No :
14. Excise Reg. No. :

(Please enclosed Photocopies of above registration certificates)

15. Last 03 Years Sales (Business) of your firm (Avg. in Rs. Lacs):
I (From to) Rs.
II (From to) Rs.
III (From to) Rs.

16. List of leading buyers from you for the products (services) offered to us
17. Item Category Name and address of buyer Annual business (Rs. Lacs)
18. Name of Bankers
19. IT Clearance certificate no. and date (Enclose a copy)
20. Latest annual report/ Auditor's Certificate
21. In case you are/were a supplier / service provider to co-op. dairies in Gujarat, please mention (If yes then attach purchase order copy with this form)
(a) Name of dairy
(b) Item supplied
(c) Quantities supplied per year
22. If the business is discontinued with any of the reasons :

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23. Whether any of your relatives are working with us or with our member dairies, if so, details

24. Please enclose product catalogs, specification, standard price list etc. for the item category being offered to us.

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

Kindly attach a copy of the same.

26. Any other information you would like to furnish to us.

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 NO:

★ INFORMATION RECEIVED IS FOUND TO BE SATISFACTORY

ENDORSED BY

RECOMMENDED

APPROVED

PURCHASE EXECUTIVE

TEAM LEADER

GENERAL MANAGER

PURCHASE

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- COPY OF PAN CARD
- COPY OF GST REGISTRATION
- COPY OF BALANCE SHEET OF LAST THREE YEARS
- COPY OF TIN REGISTRATION
- COPY OF MSMED REGISTRATION

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- COPY OF INCOME TAX RETURN OF LAST THREE YEARS
- COPY OF ISO CERTIFICATIONS (IF ANY)
- COPY OF SERVICE TAX REGISTRATION

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