



AFD-IMS-02-15-F-03

## AMULFED DAIRY, GANDHINAGAR

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

### VENDOR REGISTRATION FORM

(FOR MANUFACTURERS)

#### DATA ON FIRM

1. NAME OF THE FIRM :

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

2. NAME OF THE PRODUCTS / ITEMS :

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

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

5. 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)

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

7. IF PRIVATE/PUBLIC LIMITED COMPANY PLEASE ENCLOSE COPY OF MEMORANDUM/ ARTICLE OF ASSOCIATION :

8. YEAR OF ESTABLISHMENT OF FIRM YEAR OF COMMENCEMENT OF COMMERCIAL PRODUCTION :

9. NAME OF THE PRODUCTION IN CHARGE WITH TECHNICAL BACKGROUND & EXPERIENCE IN LINE DIPLOMA/DEGREE & EXPERIENCE IN YEARS :

## DATA ON FACTORY

1.

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

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.

## 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 :

(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)

**MISCELLANEOUS DATA :**

- 1. NAME OF THE BANKERS :
- 2. INCOME TAX CLEARANCE CERTIFICATE NO :  
LATEST ANNUAL REPORT/IT 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

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FOR OFFICE USE:

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

INFORMATION RECEIVED IS COMPLETELY SATISFACTORY      RECOMMENDED      APPROVED  
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