



**GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND**

AMUL DAIRY ROAD, ANAND- 388001, GUJARAT

PH: 02692- 258506, 258507

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**GCMMF invites Data On Firm from various Packaging Materials manufacturers**

GCMMF invites Data/ information from manufacturers of packaging materials. If you are reputed manufacturer of various packaging materials being used to pack Milk and Milk related products having In-house facility of Printing, Manufacturing and Testing, having minimum 3 years of experience in same line of business, kindly submit your information in given Data On Firm Form duly signed and stamped along with necessary enclosures to

**Head (Purchase), GCMMF Limited, Amul Dairy Road, Anand- 388001, Gujarat.**

Please be informed that the enclosed form is only requesting for information regarding your product, infrastructure, services and financial strength, experience for the supply of the same in food industry etc. This information will be retained with us and may/may not result in enlisting your name in our list of regular suppliers.

After submitting the above details on your firm, if we find that the information provided to us is false, misleading, we reserve our right to terminate our dealings/any business with you at any point of time.

Please see the Data On Firm Form below.

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

1. Name of the FIRM :

2.Address of Registered Office	Phone (O)	Phone (Res)	Fax No.	Mobile No.	E-Mail Add	Website address

As to whether you have got internet connectivity : Yes / No.

3. Name and Designation of Principal Officer/ person to be contacted :  
 His educational qualification Computer literacy :

4. Status (whether an individual/Partnership Firm/Public/Private Limited Company) :

5. In case Partnership Firm

a) Whether it has been registered ? :

b) If Registered provide certified, extract from the Registrar of firm. :

c) Name of all Partners & Educational qualifications of the partners :

d) Details of Partnership deed (Please enclose copy of the same) :

6. If proprietary concern name and address Of the Proprietor :

7. If Private/Public Limited Company, Please Enclose copy of Memorandum/Articles of Association :

8. Year of Establishment of firm :

9. Year of commencement of Commercial Production:

10. Name of the production in charge with Educational/ Technical background and experience in the line :

Computer literacy (Yes/No) :

11. **ISO**

- Are you registered with ISO : Yes / No  
A. If yes, please enclose copy of the certificate :  
B. If No, whether you are in process to acquire : Yes / No  
C. If yes, expected date receipt of ISO certification :

**DATA ON FACTORY**

Location / Address of Factory	Phone No.(O)	Fax No.	Mobile No.	E-Mail ADD

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

- A. Are you registered with MSMED Act : Yes / No  
B. If yes, Pl. give date of registration: \_\_\_\_\_ & Valid up to \_\_\_\_\_ (Date)  
(Pl. enclose copy of the certificate confirming to the above)

S.S.I REG. NO. & COPY OF Registration :

**GST No** :  
(Pl. enclose copy of the certificate)

PAN No. :

Whether Central Excise Duty is applicable?  
If yes, please give Excise classification  
No. of the item quoted :  
(Chapter/section/subsection)  
Excise heading :  
Rate of excise :

**PRODUCTION:**

- Name of the Products/Items produced/ Processed :
- Installed capacity of plant (enclose details) :
- Monthly capacity of production :
- No. of shift, plant is running :
- Spare capacity offered for GCMMF :
- As to whether you have your own transport facility?  
If so, please mention the details on type of vehicle  
Loading capacity, registration number etc.

7. Give list of Machineries, printing facility/colour of printing can be done & equipment installed for Quality Control:

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

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

Name of Testing equipment	Type	Make	Size	No. of M/c	Spl. attachment

8. Last 3 years Production/ Turnover data (also please enclose last 2 years balance sheet of your company)

9.

Year	Production in	Turnover (Lacs Rs.)

10. List of leading buyers with value of business of each:

Name of Buyers	Value of Business (Lacs Rs.)

**MISCELLANEOUS DATA:**

Address of Branch / Associated Firm	Telephone No.	Telex/Fax No.	Gram

1. Name of the Bankers :
2. Income tax clearance certificate No. & date (Please enclose copy) :
3. Whether any of your relative is working with us or with our member dairies. If so, please give details :
4. Any other information you like to furnish :

**DECLARATION**

The above information is true in all respects and we undertake to inform you if any change in the above particulars regarding our business from time to time. We also undertake the responsibility that in no case we will employ any consultant to deal with GCMMF/its member unions.

Place :  
Date :

Signature of Authorised Representative  
of the Firm under proper seal