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

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

- 1. We are only requesting the information regarding your product, infrastructure, services and financial strength, experience in the industry, etc. vide the enclosed form.
- 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 otherwise, with clearly visible rubber stamp of the firm.
- 3. The form is to be signed by Proprietor / Partner / Director / CEO / Company Secretary / Head of Administration (for foreign company's Indian Operation) only. 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 form, **preferably in a folder with proper index with page numbers /tagging**. Form with missing documents is likely to be rejected without any further correspondence.
- 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.
- 7. Please fill the relevant information in all the given boxes. Do not leave it blank. In case of attachments, please mention the page no. of attachment at relevant place.
- **8.** Wherever "Not Applicable", please put "N.A.". Forms which are Incomplete, illegible, unsigned, or signed by unauthorised person and without e-mail address and phone numbers shall be rejected.
- Preferred language for official communication shall be English. Primary and preferred mode of communication shall be email followed by SMS or phone calls. Please provide email address and mobile number which are regularly used and monitored.
- 10. 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* any invitation for bid *or* request for proposal *or* request for quotation.
- 11. The firms are requested to provide the Mandate Form for enabling e-payment with the form.
- 12. 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.
- 13. Annexure to be filled for different categories of suppliers.
 - A. For Veterinary Medicine Supplier
 - B. For Cattle-feed Raw Material Supplier
 - C. For Ingredients Supplier
- 14. 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. INDIA

DATA ON FIRM

(To be filled in by Supplier)

Sr. No.	Name of the Items / Category of Products offered to GCMMF

If supplied to any MU of GCMMF	(in past /currently), SAP Vendor Code:
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1.	Name of the	Company	/ Eirm
Ί.	name of the	Company	/ Firm

2. Please attach photographs of the Office/Factory/Units as an annexure.

.Address	Phone (STD	Fax No.	Mobile	E-Mail	Website
	Code - Phone		No.		
	No.)				
Registered Office:					
0.0000000000000000000000000000000000000					
Corporate Office /					
Communication					
address:					

3. Constitution of the firm: (Please tick)

Proprietorship	Partnership LLP		Private Ltd. Co.	Public Ltd. Co.
Producer Co.	Society	Co-operative	PSU /Govt. UT	Others (Specify)

4. Primary Nature of Business (Please tick)

Manufacturing	Trading	Service	Importer	Consultant	Commission Agent
Autho, Agent	/ Dealer	Others (Specify)		

5. Chief Executive/Principal Officer & Contact Person for GCMMF

	Name	Designation	Education	Experience	Contact No. & personal e-mail address*
Owner/Proprietor Chairman/Chief Executive/ Principal Officer					
Contact Person					

^{*}email address on which all communications (enquiry/operational matters) will be sent Main occupation/business of the owner/promoters:

6.	Notary: Propriet	Shops & or indica	Establishm ating name	ent A & pa	Act Lic. /lassport s	Ud ize	yog pho	Aadha tograp	ar Re oh of	gistra prop	ation Certifi orietor alon	g attested by p cate or Affiday g-with self-atto e same proprie	vit by ested
7.	In case	of Partn	ership Firm	ı/LL	P								
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	Sr No		e of Partners		Educa qualific	tior	nal	Ex	perien Year	се	Partner/Dia	rector, in any oth pany (with detail	
		•	eed (Photo Il firms hav		•				d atte	estec	l by Public	Notary).Also	give
8.	If Privat	e/Public	Limited Co	ompa	any, plea	se	pro	vide C	IN.:				
9.	with Ce Details	rtificate	of Incorpor		า)	of	f Ass				cles of Asso	ociation along	
	Sr No	Name of	Director		DIN				ıcatior Ilificati		Experience No. of Yrs	Other firms having directo	
			ncorporation					ı				M M Y	Υ
			ommencen									M M Y I exp. in the field	
13	.Name o	f the Qu	ality Contro	ol In-	charge (wit	h ed	ucation	al bac	kgrou	— ind and exp.	in the field):	
			t / Factory ographs of			,						d Party	
Lo			f Factory (Al		Phone No.(O)			(No.		oile N	E-Mail o	of the plant In- charge	
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15		r y of Ind Micro	ustry as pe Small		MED Ac edium	t, 2	2006	(Pleas		k the Start		box).	

Otart up

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

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16. PA	AN:							(4	Attac	ch self-attested c	ору)
17. GS	TIN:							(/	Attac	ch copy of last G	ST return)
18.TA	N:							(4	Atta	ch self-attested c	ору)
19.HS	N Code of	f Product	t/s:								
20.GS	T Rate ap	plicable	:	%]					
						processed				ssembled ach product)	
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Sr.	Item	Size/		pecifica		Annual	l _	Avg.		Spare	
No.	Details	Packing	•	FSSAI/E		Installed	P	roduction	of	Capacity for	
INO.	Details	Weigh	t AGM	ARK/IS	O etc.)	capacity	I	ast 3 years	S	AMUL	
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22.Lis	t of In-Ho	use Macl	hineries								
	Name of		Type/	Com	pany/					Special	
						Size/		NI 4 NA/	_	•	
IV.	1anufactui	_	Year of		ke &	Capacity		No. of M/	С	attachment	
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Meta	I Detector	*				1					

^{*}Metal Detector is mandatory. Please share all details of it.

Please attach the copies of all the relevant certificates/licences/approvals obtained for running the business. (Shops & Establishment Act License, Factory Act registration, State PCB Pollution NOC, PCB Reg No, PF/ ESI registration Certificate, Specific licences required for certain products, etc.). FSSAI prescribes that the printing inks for use on food packages shall conform to IS 15495. Please attach the proof of the same.

23. Are you ISO accredited? If yes, indicate for which facilities/ products/services? Please enclose valid ISO certificate (issued by NABCB accredited agency) self-attested copy.

Sr. No.	Facilities/Products/ Services	Version	Acquired on	Certifying Agency	Validity (Up to)
01.	ISO 9001				
02.	ISO 14000				
03	OHSAS 18001				
04	HACCP				
05	ISO 22000				
06	BRC				

Please attach the copy of "Process Flow Chart" as well as "Quality Assurance Plan" as well as SOP for defect-free delivery of materials.

24. Details of Manpower:

	o. manpono.		
Sr. No.	Type of Manpower	No. of persons	Remarks
01	Managerial		
02	Staff		
03	Skilled Worker		
04	Unskilled/Casual labour		

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

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

Please attach a copy of the MOU with manufacturer / suppliers of Key Raw Materials.

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

Type of vehicle	No. of Vehicles	Loading capacity	Registration number

27. 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)

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

28. Last 3 years' Production Detail:

Sr. No	Financial Year	Product/s	Production in Quantity		

29. Invento a) Aver	-	etails inventory of key raw r	materia	als: _		(in qua			
b) Stora	age :	space available for fin	ished	goods: _		(in sq.	•	oducti	on)
80. Are vou	rea	istered on nProcure	or Ge	M portal	?				
		Category registered				ered	Remark		
Please e	enclo	ES OF YOUR CUSTO ose photocopies of ord for the top FIVE custo	ders ex						
1.	lame	e of Top Five Custo	mers		Value	of Bu	siness (La	cs Rs	s.)
2. 3. 4. 5. 2. MISCEI	_LA	NEOUS DATA:							
		dress of Branch /		Tele	phone No.	Fa	ax No.	F-	mail
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3. Details	of th	ne Bankers <i>(Please a</i>	attach .	a photoco	opy of cancell	ed che	aue)		
Sr.	<u> </u>	Bank Name with	IFS	C Code	Type of	Acc	count No.	S	WIFT
No.		Branch Address			Account			C	Code
Name	of a	all Authorized Signa	tories	}					
•	l ins	ailing any financing f stitution? Please pro			rking capital	financ	ing from a	bank	<i>(/</i>
Sr. No.		Beneficiary name with Bank Branch Address	IFS	C Code	Type of Ac	count	Account	No.	SWIF Code
5. Latest Ir	ncor	ne-tax return acknov	wledg	ement no	o. (Please en	close	copy):		
3. Total In	vest	ment in Land / Plan	t / Ma	chinery:	Rs				_
7 a.a.d / F	ممار	t / Machinery / Stock	ko bun	nothe cot	ad with:				

(Name of the bank & branch address)

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	Details of any notice served on the firm / owner / director by any statutory body during last 3 years	
	Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad	
	If blacklisted by any customer ever, please provide details.	
39.		
	Whether any of your (Directors' / Partners' / Owners' / Proprietor's or Key Personnel's) relative is employed with GCMMF or its Member Unions. If so, please give details	
32 .		
	Any other information considered	

relevant and useful

DECLARATION

- 1. We hereby certify that the information furnished above is correct and complete to the best of my knowledge. 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/ RAL / Business and take any other suitable action as deemed fit without any notice or compensation.
- 2. 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.
- 3. We also undertake the responsibility that in no case we will employ any consultant to deal with GCMMF/ its member unions.
- 4. We also understand that sending of unsolicited samples, gifts, etc. are highly discouraged at GCMMF.
- We agree to receive RFQ thru email and are willing to participate in Closed Tendering, e-tendering or Reverse Auction and submit EMD and/or Security Deposit as demanded by GCMMF.
- 6. We shall allow GCMMF or a third party authorized by GCMMF to visit and inspect our facilities for Infrastructure or Hygiene Audit, as & when required.

Name : Designation :

Place : Signature

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

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

years of	Transporter Maiors				
Sr. No.	Material	Turnover per Annum (Lacs Rs.)	Major Supplier/ Sourcing Area	Major Customers	
1	BAJARA				
2	BARLEY				
3	BABUL CHUNI				
4	BENTONITE POWDER				
5	BROKEN RICE /KANKI				
6	BYPASS FAT				
7	CALCITE POWDER				
8	COCONUT EXTRACTION				
9	COCONUT OIL CAKE				
10	CORN DDGS				
11	COTTON SEED EXTRACTION (40%)				
12	COTTON SEED OIL CAKE				
13	D.O. RICE BRAN				
14	DAMAGED WHEAT				
15	DI CALCIUM PHOSPHATE (FEED GRADE)				
16	GRINDED SALT				
17	GROUND NUT EXTRACTION				
18	GROUND NUT SHELL POWDER				
19	GROUND NUT OIL CAKE				
20	GUAR BHARDO (55%)				
21	GUAR CHUNI (40%)				
22	JUWAR				
23	MAIZE				
24	MILLETS BRAN				
25	MINERAL MIXTURE				
26	MOLASSES				
27	MYCOTOXIN BINDER				
28	PALM KERNAL MEAL/EXTRACTION				
29	RAPESEED EXTRACT				
30	RAPESEED / MUSTARD OIL CAKE				
31	RICE POLISH FINE				
32	RICE POLISH FINE GRADE II				
33	RAW RICE BRAN				
34	R.P. FINE (20%)				
35	SALSEED EXTRACT				
36	SOYABEAN EXTRACTION				
37	WHEAT				
38	WHEAT BRAN				
39	UREA FOR INDUSTRIAL USE				
40	VITAMIN AD3E FOR CATTLE FEED				

Raw Material / Ingredient Supplier

(If you are manufacturer/ importer / trader of above items being used for manufacture of food products; with **minimum 5 years of experience** in this line of business)

Please attach the copies of the certificates from the below list. Add any other additional

certificate, relevant for the product you are offering.

Sr. No	Certification/Licence/Membership	Issuing Authority	Issued on	Valid till
01	FSSAI			
02	BIS/ISI			
03	Halal India			
04	Halal (Indonesia/Malaysia)			
05	Non-GMO			
06	Organic (APEDA/NPOP/NOP)			
07	Vegetarian Origin			
08	Kosher			
09	USDA			
10	EU Standards			
11	VCS-IRMA			
12	Sedex Registration			
13	SQF Food Safety Code version 8			
14	Integrated Pesticide Management Program			

- 1. If you are an importer, please attach the Certificate of Authorization issued by the Principal Manufacturer to represent it in India.
- 2. Please provide allergen declaration for each product/production facility
- 3. Please attach a confirmation that the product/s offered are sourced/ prepared/ manufactured from vegetarian source only.
- 4. Please attach the list of Ingredients for each product offered to us, separately.
- 5. Please attach Technical Specification of the Metal Detector used for clearing the Incoming Raw Materials as well as Finished Products.