

GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND
(Plastic Waste Management)

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

1. Vide the enclosed form, we are only requesting the information regarding your service, infrastructure, and financial strength, experience in the plastic waste management/recycling, etc.
2. Providing information in the Form does not constitute acceptance as an approved & registered vendor. Failure to enter all the mandatory information or providing wrong 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 other-wise, with clearly visible rubber stamp of the firm.
3. The form is to be signed only by Proprietor / Partner / Director / CEO / Company Secretary / Head of Administration (for foreign company's Indian Operation). 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 agencies. 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 application form. Form with incomplete documents is likely to be rejected and no further correspondence shall be entertained.
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 course of action. Wherever "Not Applicable" put "NA". Incomplete, illegible, unsigned or signed by unauthorised person and without e-mail address shall be rejected.
7. 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 award of any invitation for bid or request for proposal or request for quotation. All prospective vendors are requested to regularly visit our web site www.amul.com ([B2B→ Tender Notice](#)) for enquiries.
8. The firms are requested to provide the Mandate Form for enabling e-payment with the form.
9. The firms are requested to comply with the PWM ruler 2016, as amended 2018 and provide requisite Information as and when required.
11. The form duly filled in all respect need to be sent to the following address:

PLASTIC WASTE MANAGEMENT
GUJARAT CO-OP. MILK MARKETING FEDERATION LTD.,
Amul Dairy Road, ANAND - 388 001, GUJARAT

DATA ON FIRM
(To be filled in by Firm)

1. Name of the Company / Firm _____

Sr. No.	Nature of primary work	Yes/No	States under operation (Please name)	Remark (if any)
1	Producers Responsibility Organization (PRO)			
2	Waste Management Agency			
3	Plastic Waste Processors (PWP)/Recycler			
4	Cement Plant			
5	Other (Please specify)			

Address	Phone (STD Code - Phone No.)	Mobile No.	E-Mail	Website
Registered Office: Line 1: _____ Line 2: _____ Line 3: _____ City :				
Corporate Office : Line 1: _____ Line 2: _____ Line 3: _____ City :				
Communication address Line 1: _____ Line 2: _____ Line 3: _____ City :				

2. Constitution of the firm : (Please tick)

Proprietorship	Partnership	Private Ltd. Co.	Public Ltd. Co.	Co-operative
Others (Specify) _____				

Please enclose relevant certificates.

3. Chief Executive/Principal Officer & Key Account Manager for GCMF

	Name	Designation	Education	Experience	Contact No. & personal e-mail address
Owner/Chairman/Chief Executive/Principal Officer					
Key Account Manager					

4. Date of incorporation of firm :

5. Year of commencement of PWM/PWP/Recycling Business :

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6. Details of MRF/ULB/Panchayat agreements for waste collection:

S. No.	State	Name of MRF/ULB/Panchayat	Agreement date	Validity period if any	Collection done in Yr. 2022 (Qty in MT)		
					Cat I	Cat II	Cat III

Please attach copies of agreements. Use separate sheet in case number of brands are more and for any remark.

7. Details of Plastic Recycling Plant including cement/power plants for MLP (Owned / Leased / Hired / Third Party) :

a. Owned plant:

Location / Address of Plant	State	Capacity (MT per month)	Phone No.(O) with STD code	Fax No.	Mobile No.	E-Mail of the plant In-charge

b. Leased plant:

Location / Address of Plant	State	Capacity (MT per month)	Phone No.(O) with STD code	Fax No.	Mobile No.	E-Mail of the plant In-charge

c. Hired plants:

Location / Address of Plant	State	Capacity (MT per month)	Phone No.(O) with STD code	Fax No.	Mobile No.	E-Mail of the plant In-charge

d. Third party plants:

Location / Address of Plant	State	Capacity (MT per month)	Phone No.(O) with STD code	Fax No.	Mobile No.	E-Mail of the plant In-charge

Please provide documents with respect to status of ownership/leased/hired/third party agreement and necessary consent to operate of concerned PCBs.

8. Recycling quantity (MT) of plastic waste done for various brands under PWM rule:

No.	Brand/Company	Category	Yr. 2022	Yr. 2021	Yr. 2020	Yr. 2019	State(s)
1	XXX	I					
		II					
		III					
2	XYZ	I					
		II					
		III					

Please attach a separate sheet of all brands and copies of relevant take back/diversion certificates/EPR credit submitted to CPCB/PCB/Brand.

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

S.No.	State	Capacity-wise nos. of vehicle	Registration Numbers

10. Last 3 years Turnover data: (As per Balance Sheet of your firm duly certified by CA)

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

11. Accreditation received from your clients/Govt/others regarding performance of your services during last 3 years.

S. No.	Particular of accreditation	From

Please attach photocopies of certificates.

12. MISCELLANEOUS DATA:

Address of Associated/sister concern/firm	Business	Tel/Fax No.	E-mail

13. Details of the Bankers

Sr. No.	Bank Name with Branch Address	IFSC Code	Type of Account	Account No.	SWIFT Code

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14. EMD details (Bank/Date/Amount) :
(As per tender document)

15. Names of Zones & States applied :

Zone	State	Recycling capacity offered to GCMF (MT)		
		Category I	Category II	Category III
Central	Chattisgarh			
	Madhya Pradesh			
East	Arunachal Pradesh			
	Assam			
	Jharkhand			
	Manipur			
	Meghalaya			
	Mizoram			
	Nagaland			
	Odisha			
	Sikkim			
	Tripura			
	West Bengal			
North	Bihar			
	Chandigarh			
	Delhi			
	Haryana			
	Himachal Pradesh			
	J&K			
	Laddakh			
	Uttar Pradesh			
	Uttarakhand			
	Punjab			
South	Andaman & Nicobar			
	Andhra Pradesh			
	Karnataka			
	Kerela			
	Lakshdweep			
	Puducherry			
	Tamilnadu			
	Telangana			
West	Dadra Nagar Haveli			
	Daman Diu			
	Goa			
	Gujarat			
	Maharashtra			

	Rajasthan			
Total				

16. Permanent Account Number (PAN) : _____

17. Unique ID 15 digits Number (GST No.) :

18.

Details of any Notice served on the firm / owner / director by any statutory body	
Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad	
If blacklisted by any customer, Pl. provide details.	

19.

Whether any of your relative is working with GCMMF or its Member Unions. If so, please give details	
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20.

ANY OTHER INFORMATION CONSIDERED RELEVANT AND USEFUL	
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DECLARATION

I / We certify that the information furnished above is correct and complete to the best of my/our knowledge and belief. 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 and take any other action as deemed fit without notice or compensation. 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. We also undertake the responsibility that in no case we will employ any consultant to deal with GCMMF/its member unions.

We also hereby authorize GCMMF to conduct infrastructure as well as hygiene audit of our facility either by representative of GCMMF or third party approved by GCMMF. In case of audit by third party, charges as decided by GCMMF shall be paid by us to the approved agency.

We understand that receipt of this Data-On-Firm Form is not binding GCMMF in any way to send enquiry to us.

Name :
Designation :

Place :
Date :

Signature
& Seal of the Company