

BHOPAL SAHAKARI DUGDH SANGH MARYADIT

(A UNIT OF M.P. State Dairy Federation Ltd.)

BSDS-VRF-

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 (ENCLOSECOPY)	
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. / MSME REG.NO. (PLEASE ENCLOSE COPY OF REGISTRATION CERTIFICATE)	:		
3.	WHETHER GST IS APPLICABLE? IF YES			
4. 5.	PLEASE GIVE RATE(%) GST REGISTRATION NO.	:		
6.	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 BSDS, :

Habibganj

5. SOCIAL ECONOMIC ZONE (Y/N)

 $6. \quad CERTIFICATE \ (IF \ AVAILABLE \ PROVIDE \ COPY):$

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	ТҮРЕ	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 RETURN 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 M.P. CO.OP. DAIRIES, PLEASE MENTION NAME OF DAIR SUPPLIED, QUANTITY, PERIOD OF SUPPLY ETC. (B) IF IT IS DISCONTINUES REASONS	Y: ITEMS
6.	YOUR PREFERRED DAY OF THE WEEK FOR OUR VISIT TO YOU FACTORY	R

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.

PLACE :	SIGNATURE OF AUTHORISED REPRESE	NTATIVE
DATE :	OF THE FIRM UNDER PROPER SEAL	
	_	
FOR OFFICE USE:		
VENDOR REGISTER ENTRY NO. :		DATE:
CATEGORY:		
VENDOR NO:		
		VALID TILL:
★ 1. INFORMATION RECEIVED IS FOUND TO	BE SATISFACTORY	
2. VALIDITY OF MAXIMUM 2 YEARS FROM	I THE DATE OF REGISTRATION	
INFORMATION RECEIVED IS COMPLETELY SATISFACTORY	RECOMMENDED	APPROVED
PURCHASE ASST.	I/C (PUR)	CEO

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 MSME REGISTRATION

COPY OF INCOME TAX RETURN OF LAST THREE YEARS

COPY OF ISO CERTIFICATIONS (IF ANY)

COPY OF FASSAI REGISTRATION (IF APPLICABLE)

PLEASE SEND THE FILLED FORM ALONG WITH ALL DOCUMENTS AS MENTIONED ABOVE TO THE FOLLOWING ADDRESS:

Chief Executive Officer

BHOPAL SAHAKARI DUGDH SANGH MARYADIT BHOPAL DAIRY PLANT, HABIBGANJ, BHOPAL, 462024