



(Previously Known as Mother Dairy, Gandhinagar)

Request for Quotation (RFQ)

AFD: PUR: HSG: Electricity duty exemption.

10 May, 2024

To,

Rev. 21 May, 2024

Dear Sir,

Sub: **Request for Quotation (RFQ)** for “**Staggered supply of Self-adhesive Teflon tapes and clothes**” as mentioned in annexure.

We invite your most competitive offer for **Staggered supply of Self-adhesive Teflon tapes and clothes** as per detailed specifications. Your offer should be based on following considerations:

- 1.The offer should reach:-AmulFed Dairy (Previously known as Mother Dairy-A Unit Of GCMMF Ltd) Plot No-35, Nr. Indira Bridge, Ahmedabad - Gandhinagar Highway. Village Bhat, Dist - Gandhinagar. Pin - 382 424.
2. Due Date: **May 21, 2024 before 17:00 hours. Revised May 28, 2024 before 17:00 Hrs.**
3. The offer should be submitted in portal only. First of all register your firm on shared link.
4. Offer received after due date for whatsoever reason may be rejected.
5. Offer should valid for acceptance for 90 days from date for submission of offer.
6. The price should be quoted with all details.
7. **Specify your tax condition.** Non indication of above levies will mean that prices are inclusive of all taxes and above levies.
8. Realistic and earliest completion period should be indicated in offer.
9. It will not be binding on us to accept the lowest offer.
10. Right to accept/reject any/all offers without assigning reason is reserved by us.
11. Offers which are incomplete or not meeting the conditions are liable for rejection.
12. Payment terms as mentioned in Scope. If the payment term is document through bank, all banking charges shall be borne by the suppliers.
13. **Please find below link to register your firm on Purchase Portal. Without completing registration process on portal can't submit offer.**

First of all register your firm on shared link so can send inquiry through portal only.

Interested bidders have to register your firm in our Purchase portal.

Website for our portal is as >>>: <http://afdpurchase.amul.in/>

Plot No. 35, Nr. Indira Bridge, Ahmedabad-Gandhinagar Highway, Village: Bhat, Dist.:Gandhinagar, PIN 382428

Tel. No. (+91-79) 23969055 – 58, Fax No. (+91-79) 23969059

Website: www.amul.com

AmulFed Dairy

A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LIMITED

(Previously Known as Mother Dairy, Gandhinagar)

Click Below links for Guidelines :

1. [Guide for VRF - MANUFACTURERS](#)

14. **Eligibility criteria: Must have executed similar type of order in last 3 years. Share credentials of the same. Also submit authorization letter for respective brand make. We prefer manufacturer. We will visit manufacturer premises if required.**
15. **Once registration process completes, we invite vendor to submit offer. Vendors need to submit technical first only after technical clearance you will be able to submit commercial figures.**
16. **If required, initially trial order may be executed for some quantity and only after service and quality satisfaction we may process ahead. It is very critical consumable so in case after using 1-2 quantity quality found inferior we reject total lot and replacement required at the earliest. We may recover loss from payment if any market complaint received in milk quality due to poor quality of the Teflon as well as adhesive.**

We are an ISO 9001: 2008, ISO 14001:2004 and ISO 22000:2005 company; we follow sustainable eco-friendly processes in our organization and expect the same to be followed at your end. We emphasis on energy efficient system and utilization of renewable energy systems in eco friendly and sustainable way.

Note: If required please visit premises with prior confirmation before quote. Please arrange visit between 2:00 P.M. to 5:00 P.M. in working day.

: We may go for reverse auction/negotiation. If required we may ask for PBG.

Mail id as mentioned below.

Shri Hardik Gajjar : hardik.gajjar@amul.coop

Shri Bharat Naik : bharat.naik@amul.coop

Shri Chandrakant Trivedi : chandrakant.trivedi@amul.coop

Yours Faithfully,

For AmulFed Dairy,

Purchase Depart.

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Annexure – Staggered supply of Self-adhesive Teflon tapes/clothes

No	Item code	Item Description	Qty / Annum	Unit
1	3076049	STRIP ADHE TFLN 20MM(W) FOR POUCH/TEFLON (20MM*10 Mtr (Per roll) - Thickness-0.15MM)	2520 + 1000	EA
2	3179262	VERTICAL TEFLON CLOTH / 330 MM*1 MTR// (330mm * 1 Mtr, Thickness-0.15MM)	100 + 50	EA
3	3075985	HORIZONTAL TFLN CLOTH/200 MM*1MTR/UNNATI// (200mm * 1 Mtr, Thickness-0.15MM)	180 + 90	EA
4	3076075	TEFLON TAPE 40 MM WIDTH	36 + 24 + 25	EA
5	3222672	VERT. CLOTH-TEFLON,500MM*1MTR,6L MC	10	EA
5	3160786	TEFLON CLOTH E 002683,PRISM5K	10	EA
6	3160885	TEFLON CLOTH ROLL E 002675,PRISM5K	10	EA

Staggered supply of above mentioned quantity. Vendor has to supply in first week of every month. If mutually agreed may process order quantities for two years.

Items not mentioned on portal request to please attach offer on portal.

Note : we required sample for the quoted items free of cost mentioning for sample purpose.

: Please submit 5 nos. of rolls of teflon tapes.

: Cut piece of clothes to evaluate technically.

: If required we may demand for more sample.

Mentioned quantities are approx. estimated may vary as per actual requirement.

AmulFed Dairy

A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LIMITED

(Previously Known as Mother Dairy, Gandhinagar)
On Letter Head of Vendor / Customer.

To,
General Manager
AmulFed Dairy (A Unit of GCMMF Ltd.)
Village:- Bhat,
Near Indira Bridge,
Gandhinagar-382 428

Dear Sir,

Sub : Fund Transfer Payments.

I/we request and authorise you to effect Fund Transfer Payment to my / our Bank account as per the details given below (Please map our account in your SAP):

Vendor Name:- : _____
Vendor Code : _____
Bank Account Name : _____
Bank Account Number : _____
Branch Name & Address of Bank: _____

Email Id : _____
Permanent A/c Number (PAN) : _____
Name of the Auth signatory : _____
Contact Person : _____
Contact Number : _____
IFSC code : _____
MICR Code : _____
Type of Account : Savings / Current / Cash Credit

I, hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby authorise Bank (as mentioned above) to credit my above mentioned account with the amount of instalment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date: _____

Signature of Account Holder (s)

- Mandatory fields -cannot be left blank.
 - Kindly attach a blank cancelled cheque with this mandate form.

Bankers Attestion -

CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.

BANK STAMP

DATE : _____

SIGNATUR E OF BANK OFFICIAL

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