# JALGAON JILHA SAHAKARI DUDH UTPADAK SANGH MARYADIT, JALGAON POST BOX NO. 32, Shivaji Nagar Road, JALGAON – 425 001

## Tender of <u>Caustic Lye 100% Purity</u>

## **DOCUMENTS**

**Annexure-I**: Tender submission Terms & Conditions.

**Annexure-II**: Material Quantity & Specification.

**Annexure-III**: Supplier / Manufacture details.

**Annexure- IV**: KYC Details For GST.

**Annexure-V**: TDS declaration (If applicable as per Tax Act new sections

194Q)

**Annexure-VI**: Commercial Format.

**Address for communication :** The Managing Director

Jalgaon Jilha Sahakari Dudh Utpadak

Sangh Maryadit, Post Box No.32

Shivaji Nagar Road, JALGAON – 425 001

Contact no. 0257-2226645 to 48

## **ANNEXURE - I**

## **Tender submission Terms & Condition**

The Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit (JMU), Jalgaon invites sealed Tender for supply of **Caustic lye 100% Purity** as per detail specifications given in the Annexure II of the Tender document.

#### 1.0 Tender submission:

- 1.1 Last date for receiving Tender: 16-05-2025 up to 05.00 pm.
- **1.2** The Tender should be submitted personally or sent by Registered post / Courier, so as to reach the Managing Director, Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon.
- 1.3 Please mention clearly on the envelop as "Tender for Caustic lye."
- **1.4** Tender received by Fax / e-mail will not be considered.
- **1.5** Tenderer have at least 2/3 years of experience to supply <u>Caustic lye</u>. Please enclose respective documents. (If the tenderer have already submitted experience copies in previous tenders they shall not be compulsory).
- **1.6** Corrections, if any, shall be made by crossing out, initialing, dating and re writing.

### **2.0** Earnest Money:

- 2.1 The Tenderer shall have to pay earnest money deposit (EMD) Rs. 10,000/(Rupees Ten Thousand only) by Cash /RTGS /NEFT only.
- **2.2** EMD by Cheque along with tender will not be accepted.
- **2.3** Please mention clearly Mention UTR No., date & amount / D.D. no,. date & amount / Cash deposited no., date & amount on cover of tender envelop.

Bank Details :- State Bank of India, Branch - A.D.B., JALGAON.

In the name of :- Jalgaon Jilha Sahakari Dudh Uttpadak Sangh Maryadit,

Jalgaon

Address : - Ring Road, Khwajamiya Chowk, Jalgaon- 425001.

Current A/C No : - 10778444028 IFSC Code : - SBIN0003295.

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- **2.4** No adjustment of EMD amount shall be accepted against any outstanding payment with JMU.
- **2.5** Tender submitted without EMD shall not be considered.

- **2.6** The tender is unsuccessful then EMD will be returned within 45 days from the date of opening of the tender.
- **2.7** The tender is successful then EMD will be released on completion of successful supply of entire tender quantity.
- 2.8 No interest will be paid on the earnest money for the period during which it (the earnest money) lies in deposit with the Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon

#### 3.0 FINAL AUTHORITY:

- 3.1 At the time of submitting the Tender, the Tenderer shall supply detailed information about their activities in the enclosed format as per annexure IV. (If the tenderer already exists in our supplier / Vendor list there is no compulsion to submit KYC details. If any changes have to inform otherwise submit KYC details.)
- 3.2 In matters of interpretation of the above clauses, the decision of the Managing Director, JMU shall be final and binding on all concerned.
- 3.3 For all disputes the jurisdiction shall be Jalgaon. No court outside Jalgaon will have any jurisdiction.

#### 4.0 NOMINAL MEMBERSHIP:

- 1.1 As per Co operative rules & regulation nominal membership charge is mandatory for **New Suppliers**. Charges of details are as follows:
  - 1)Up to Rs.100000/- Rs.251/- 2)Rs.100001 To 500000/- Rs.500/-
  - 3)Rs.500001 To 1000000/- Rs.750/- 4) Rs.1000001 To Above Rs.1000/-

## **5.0 ARBITRATION:**

In case of any dispute, if arises between the parties, relating to any terms and conditions of the Tender/Agreement and/or regarding the Agreement/Tender before or after the filing of the Tender and/or execution of the Agreement, any party may refer the dispute to a Sole Arbitrator who will be the Managing Director of JMU or a person nominated by him whose decision and award shall be final and binding to both the parties. The arbitration proceedings shall be under and accordance with the provision of Arbitration and Conciliation Act 1996.

#### ANNEXURE - II

## **Material Quantity & Specification**

**1.0 Quantity**: JMU requires Caustic Lye 100% Purity (strength 48-50%) = 12,000kg (10% +- will accepted)

2.0 Delivery Schedule: Immediate.

3.0 Delivery Place: F.O.R. Dudh Sangh, Jalgaon, Maharastra

4.0 Packing: (Tanker load).

**5.0 SAMPLES:** Nil.

## **6.0 Certificates:**

Food grade certificate (If necessary for entire item).

Certificate of analyses (COA) must be with every consignment.

Certificate of Material Safety Data Sheet (MSDS) (If necessary for entireitem)

Otherwise Payment Will Not be Processed.

### **7.0 PRICES:**

- The prices should be quoted F.O.R. Destination, inclusive of packing & forwarding, GST & duties, insurance & transportation charges etc.
- No price change shall be allowed during contract period.
- Bill should be submitted GST bifurgated.
- Tenderer have to quote the rate as per attached commercial format / or should be covered commercial format points on your letter head.

#### 8.0 PENALTIES:

If Supplier does not supply material in full or part after receipt of Purchase Order, then EMD amount will be forfeited.

### 9.0 INSURANCE:

Insurance shall be arranged by the Supplier at his own cost. The JMU will not be responsible for any transit damages and losses.

## **10.0 INSPECTION:**

The inspection of received material will be carried in our Quality Control Dept. only. If material gets rejected due to defective or wrong supply, the report of our inspector in this respect shall be final and no correspondence on the subject would be entertained. The rejected material should be lifted from the Dairy within 10 days after receipt of our inspection report.

### **11.0 PAYMENT:**

• Our normal term of payment is "Full payment on acceptance of material after inspection within a period of 30 days". The payment shall be made by Accounts payee Cheque/DD only.

## 12.0 WHARFAGE/DEMURRAGE:

Wharfage/Demurrage etc. on account of incorrect or delayed dispatch of material or documents shall be the responsibility of supplier and shall be recovered from his current payable bill.

### **13.0 TERMINATION OF CONTRACT:**

The Managing Director, JMU reserves the right to cancel the contract at any stage without prior notice.

## **Specification**

## Specification of Caustic Lye

Caustic Soda (Lye)

Grade : Industrial Colour : White

Should be in liquid form, shall be free from foreign matter, dirt or other

Material : visible impurities.

NaOH % Strength (Min.) : 40
Sodium Carbonate % by mass (Max) : 2
Matter insoluble in water % by mass (Max) : 0.02

\*COA shall be provided with every consignment

Ver. 9.3 01.07.2024

Prepared By: Jhw JMU-SM-01

Issued by: Page

## ANNEXURE - III

## **Supplier / Manufacture details**

(To be filled in by the Tenderer)

| I/V | ve hereby furnish following particulars at                                                                            | oout our unit:                              |
|-----|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1.  | Manufacturing facility                                                                                                | :                                           |
| 2.  | Per day production of entire item                                                                                     | :                                           |
| 3.  | Type of Specification of the Plant                                                                                    | :                                           |
| 4.  | If the unit earlier did any business of Caustic lye .                                                                 | :                                           |
| 5.  | Customers on current list                                                                                             | :                                           |
| 6.  | Are you supplying same material to Some other Cooperative Dairies if Yes, to whom and how long. Pl. enclose the list. | :                                           |
| 7.  | If you purpose to diversify to<br>Technological advancement if so<br>What is the expected time.                       | :                                           |
| I/V | Ve undertake that the information furnish                                                                             | ed in this Tender document is correct tothe |
| bes | t of my/our knowledge and behalf.                                                                                     |                                             |
| Dat | re:                                                                                                                   |                                             |
| Pla | ce:                                                                                                                   |                                             |
|     |                                                                                                                       |                                             |

Signature of the Authorized Signatory of the Unit

## **ANNEXURE - IV**

## **KYC Details.**

| R NO | PARTICULARS                                                                         |  |  |  |  |
|------|-------------------------------------------------------------------------------------|--|--|--|--|
| 1    | Name of Business                                                                    |  |  |  |  |
| 2    | Name of Prorpietor/ Partnership Firm/ Company/ Society/ Group                       |  |  |  |  |
| 3    | Address of Principal Place of Business                                              |  |  |  |  |
| 4    | Address of Additional Place of Business                                             |  |  |  |  |
| 5    | GST Number                                                                          |  |  |  |  |
| 6    | PAN Number                                                                          |  |  |  |  |
| 7    | TAN Number                                                                          |  |  |  |  |
| 8    | Office Contact Number                                                               |  |  |  |  |
| 9    | FAX Number                                                                          |  |  |  |  |
| 10   | Official e-Mail Id                                                                  |  |  |  |  |
| 11   | Type of Business - Manufacturer/Trader/Service provider/Contractor/Others (Specify) |  |  |  |  |
| 12   | Type of Tax Payer - Regular/ Composite                                              |  |  |  |  |
| 13   | Nature of Special Status - SEZ, STP, EOU, FTW                                       |  |  |  |  |
| 14   | Authorised/Contact Person Details                                                   |  |  |  |  |
|      | Name of Person                                                                      |  |  |  |  |
|      | Designation                                                                         |  |  |  |  |
|      | Address                                                                             |  |  |  |  |
|      | Mobile Number                                                                       |  |  |  |  |
|      | E - Mail Id                                                                         |  |  |  |  |
| 15   | Bank A/c Details                                                                    |  |  |  |  |
|      | A. Name of the Bank                                                                 |  |  |  |  |
|      | B. Name of Branch                                                                   |  |  |  |  |
|      | C. Full Bank A/c Number                                                             |  |  |  |  |
|      | D. IFSC Code                                                                        |  |  |  |  |
|      | E. MICR Code                                                                        |  |  |  |  |
| 16   | Additional Information - For Goods                                                  |  |  |  |  |
|      | 1. Sr No 2. Description of Goods 3. HSN Code                                        |  |  |  |  |
| 17   | Additional Information - For Service                                                |  |  |  |  |
|      | 1. Sr No 2. Description of Goods 3. SAC Code                                        |  |  |  |  |

# Annexure - V TDS Declaration format



## जळगांव जिल्हा सहकारी दूध उत्पादक संघ मर्यादित, जळगांव. Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon.

Format of letter issued by Buyer U/s 194Q of the Income Tax Act. 1961

| Manager of the State of the Sta |                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| To,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 208C(16) & 394Q                  |  |
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Sub: Regarding change in compliance due to insertion of new sections 194Q under Income Tax Act 1961.

We, Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon, having PAN AAIAJ0708K hereby inform you that our total sales/gross receipts/turnover from Business during FY 2023-24 has been more than Rs.10 Crore. Therefore, as per the provisions of Section 194Q, inserted in the Income Tax Act 1961 vide Finance Act 2021 with effect from 01.07.2021, are applicable to us. Hence, we shall be deducting tax at source at per provisions of above section from purchase consideration paid/ credited on or after 01.07.2021 to you against supplies made by you at the rate 0.1 percent of purchase consideration paid / credited exceeding Rs. 50 lacs during the current financial year 2024-2025.

Since, we are liable to deduct tax at source u/s 194Q of the Act, you may ensure not to take any action to collect tax at source under section 206C(1H) of the Act w.e.f. 01.07.2021, in case provisions of section are applicable to you considering your amount of turnover and our purchases being of more than Rs. 50 lacs.

You are also requested to intimate your Permanent Account Number. In case you fail to provide your PAN, tax will be deducted at the rate of 5 % instead of 0.1 % in terms of Section 206AA of the Act.

Further, you are also required to confirm that you have filed your Income tax return for the Assessment Years 2022-23 and 2023-24 according to section 139(1), and if you have failed to file your IT return for Assessment Year 2023-2024, whether aggregate of TDS & TCS Rs.50,000/- or more for that Assessment Year, otherwise tax is required to be deducted at the rate of 5 % in terms of Section 206AB of the Act.

You may send to us your declaration in the enclosed draft on or before 31.03.2024 to enable us to take note of same and modify our accounting software accordingly. In case your declaration is not received by us by the above date, we will modify our software to deduct tax at the rate of 5 % and it would be difficult for us to take corrective action to reduce the rate during the current financial year.

Thanking you

Yours faithfully

Manager (Einance & Accounts)

ISO 9001 : 2008, ISO 22000 : 2005, ISO 14001 : 2004, OHSAS 18001 : 2007 DNV CERTIFIED ORGANIZATION Post Box No. 32, Shivaji Nagar Road, Jalgaon-425001(M.S.) Tel: 2226645-48 (4Lines), Fax No.0257-2225611, Email-vikas@vikas.coop पो.बॉक्स नं.३२, शिवाजीनगर रोड, जळगांव-४२५००९ (महा.) फोन:२२२६६४५-४८,फॅक्स नं.०२५७-२२२५६९१ Website : www.vikas.coop Vikas Cattle Feed Plant: Opposite Bhadli Rly. Stn. Nashirabad, Telefax : 0257-2356222



## जळगांव जिल्हा सहकारी दूध उत्पादक संघ मर्यादित, जळगांव. Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon.

Format of letter issued by Seller & declaration by Buyer for the purpose of section 206C(1H) & 194Q

#### (On the letter head of the Seller)

|                                                                                                                      | On the letter head of the                                                                                            | Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| To,                                                                                                                  |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Buyers name & Address                                                                                                | Hamman and the second                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sub: Declaration / inform<br>Act 1961                                                                                |                                                                                                                      | source u/s 194Q of the Income Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Dear Sir,                                                                                                            |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This is with reference to y in regard to deduction o provided hereunder:                                             | our letter dated ref<br>f tax at source u/s 194Q of                                                                  | equiring our declaration / information the Act. The information is being                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul><li>@0.1 % of sale corexceeding Rs.50 lact take any action to 01.07.2021.</li><li>2. Permanent Account</li></ul> | sideration paid /credited by y s during the current financial y collect tax at source under Number of our company is | Q of the Act, you may deduct the tax<br>your company to us on the amount<br>rear. We also confirm that we will no<br>section 206C(1H) of the Act w.e.f<br>Further, we have duly<br>s 2022-23 and 2023-24 as per the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| information given he                                                                                                 |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A.Y.                                                                                                                 | Date of Filing return                                                                                                | Acknowledgement No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2022-23                                                                                                              |                                                                                                                      | forting and halfort when he would also                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2023-24                                                                                                              |                                                                                                                      | THE REAL PROPERTY AND ADDRESS OF THE PARTY O |

Please take note of the above information and confirmation and deduct tax at the appropriate rate taking cognizance of the above information.

Thanks & Regards,

ISO 9001 : 2008, ISO 22000 : 2005, ISO 14001 : 2004, OHSAS 18001 : 2007 DNV CERTIFIED ORGANIZATION
Post Box No. 32, Shivaji Nagar Road, Jalgaon-425001(M.S.) Tel: 2226645-48 (4Lines), Fax No.0257-2225611, Email-vikas@vikas.coop
पो.बॉक्स नं.३२, शिवाजीनगर रोड, जळगांव-४२५००१ (महा.) फोन:२२२६६४५-४८,फॅक्स नं.०२५७-२२२५६१९ Website : www.vikas.coop
Vikas Cattle Feed Plant: Opposite Bhadli Rly. Stn. Nashirabad, Telefax : 0257-2356222



# जळगांव जिल्हा सहकारी दूध उत्पादक संघ मर्यादित, जळगांव. Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Jalgaon.

Declaration to be made by person who is claiming income without deduction of tax at source under section 206AB, 206AA, 206CC of the Income Tax Act, 1961 ('the Act')

## [See Section 206AB and 206AA of the Act]

Part- I

| 1.     | Name of Assesses                                                  | s (Declarant):                                                                                                  | Maryadi, Jalgaon, basing PAN AAIA10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|--------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|        | (For Proprietors                                                  | Houseons of Section 1940, lawreed by                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 2      | 2. PAN of Assesses:                                               |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 3-     | 3. Previous year (For which declaration is being made):FY 2023-24 |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 4.     | 4. Whether liable to file return of income: Yes No                |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 5.     | If yes, provide bel                                               | ide below details of return of income filed:                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|        | Previous Year                                                     | Date for filing return of Income                                                                                | TO THE PURE |  |  |
|        | FY2022-23                                                         | Date for ming return of income                                                                                  | E-filing Acknowledgement No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|        | FY2023-24                                                         | BUTTONIEN THE                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|        | Particulars                                                       | FY 2022-23                                                                                                      | Day fall this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|        | TDS Made                                                          |                                                                                                                 | FY 2023-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|        | TCS Collected                                                     | a be deducted at Warten at L 2 A                                                                                | sead of 0.1 % in terms of section 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 6.     |                                                                   | IR filing proof-e-filing acknowledgement  N has been linked with Aadhar  Yes  PART II  Declaration/Verification | No No No Section 18 to the sate of 5 Miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| I      |                                                                   |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| _      | rect, complete and i                                              | do hereby declare that to the best of my s truly stated.                                                        | knowledge and belief what is stated above is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| Notes: |                                                                   | ame and modify our accounting sorth                                                                             | water accordingly. In case of the rate of 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| 1.     | In case any person m                                              | omplete in all respects.                                                                                        | hat the information furnished in the declaration leductor shall deduct TDS in accordance with the Act, 1961.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| Place: | Command Line                                                      |                                                                                                                 | Yours faithfully                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Date:  |                                                                   |                                                                                                                 | Signature of the Declarant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |

ISO 9001 : 2008, ISO 22000 : 2005, ISO 14001 : 2004, OHSAS 18001 : 2007 DNV CERTIFIED ORGANIZATION
Post Box No. 32, Shivaji Nagar Road, Jalgaon-425001 (M.S.) Tel: 2226645-48 (4Lines), Fax No.0257-2225611, Email-vikas@vikas.coop
पो.बॉक्स नं.३२, शिवाजीनगर रोड, जळगांव-४२५००१ (महा.) फोन:२२२६६४५-४८,फॅक्स नं.०२५७-२२२५६११ Website : www.vikas.coop
Vikas Cattle Feed Plant : Opposite Bhadli Rly. Stn. Nashirabad, Telefax : 0257-2356222

## **Annexure - VI**

## **Commercial Format**

| ( | To be given on the | e letterhead) |  |
|---|--------------------|---------------|--|
|   | <u> </u>           |               |  |

Date: -

To, The Managing Director, Jalgaon Jilha Sahakari Dudh Utpadak Sangh Maryadit, Post Box No. 32, Shivaji Nagar Road, JALGAON.

Dear Sir,

After the acceptance all term & condition of your Tender Notice for supply Caustic lye, we are submitting our Tender offer as under.

| Sr.<br>No.           | Particulars                               | Required<br>Qty. | Rate<br>per Kg. | Total<br>(Rs.) |  |
|----------------------|-------------------------------------------|------------------|-----------------|----------------|--|
| 1                    | Caustic lye 100% Purity (strength 48-50%) | 12000 kg         |                 |                |  |
|                      | Discount                                  |                  |                 |                |  |
| Packing & Forwarding |                                           |                  |                 |                |  |
|                      | Freight                                   |                  |                 |                |  |
|                      | GST                                       |                  |                 |                |  |
|                      | Total : - F.O.R. rate                     |                  |                 |                |  |
|                      | Rate Validity :-                          |                  |                 |                |  |
|                      | Delivery time :-                          |                  |                 |                |  |
|                      | Delivery Place :-                         |                  |                 |                |  |
|                      | Payment term :-                           |                  |                 |                |  |
| Contact name & no.:- |                                           |                  |                 |                |  |

Above rates are offered as per specifications given by you.

Yours faithfully,