**GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND**

**Data Sheet for Registration of Transport Carriers for THR/FWF/Wheat**

|  |
| --- |
| Photograph  Of  Proprietor/  Partner |

1 Name of the Carrier Firm : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Head Office Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3 Telephone/Mobile/Fax Nos/Email Address Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Give STD Codes, wherever applicable) Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Year of Establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Composition of the Firm Sole Proprietor /

Partnership/Private Ltd Co/Limited etc :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Name of Principal Owners/Partners : 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( **if more than 3, please attach complete list**) 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 Name, Designation and Address of the : Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Office/Owner, with whom to : Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communicate in this regard : Tel. Nos(Off):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Res): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 Number of other offices in the Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if any), attach a separate List of Offices

In all Major Towns/ City

9 Address of the Office, nearest to Anand : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Gujarat), if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. Nos.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10 **Details of Open Trucks** : Please give details of Owned Open Trucks Only.

(Attach a separate sheet, if necessary)

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| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Make** | **Model(Years)** | **Capacity (MTs)** | **Registration Nos.** | **Full name of current owner of vehicle** |
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13 Name & Address of Principal Banker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14 Are you an approved Carrier by Indian : Yes / No

Bank’s Association, if yes Attach a

copy of their approval letter.

15 Name of prominent Companies, whose : Attach a separate list giving full details

Products are transported by your Firm on

Regular Baise (Please give latest details

Only and not the past details)

16 Total Freight Billing in Last 3 Years : 2021-22 Rs. In Lacs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(April – March) : 2022-23 Rs. In Lacs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: 2023-24 Rs. In Lacs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17 Are you willing to undertake transportation : Yes/No

all over India from Gujarat

18 In case you are appointed as approved : Yes/No

carrier, are you willing to open branch/

depute your representative at Anand/

Vallabh Vidyanagar

19 IBA Approval Code (Status) : Yes/No

20 Permanent Account Number (PAN) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We declare that the information contained in this Data-Sheet is correct and truly stated.

Rubber Stamp Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal of the Firm

Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note : 1. Wherever the space is not sufficient, please provide information in separate sheet.

2. Please fill up the data-sheet completely. This is to get detailed information about

your firm. Submission of this information does not guarantee Registration as

approved carrier.

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