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**M.P. STATE COOPERATIVE DAIRY FEDERATION LTD.,**

 **DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ,**

**BHOPAL , MP- 462024**

 **Phone No. 0755-2580400 - 403 Fax No. 0755-2583149**

 **e-mail:** **ho.mpcdf@nic.in** **web. [www.mpcdf.gov.in](http://www.mpcdf.gov.in)**

**EOI for UHT processing, packaging in aseptic Tetra Brick in 200/500/1000 ML pack sizes and marketing of milk and milk products.**

M.P. STATE COOPERATIVE DAIRY FEDERATION LTD. Bhopal, MP, under the brand name of 'SANCHI' invites online /offline Expression of Interest (EOI) from reputed manufactures / association of such manufacturers and their authorised representatives for UHT processing, aseptic packaging and selling High fat and Toned milk, Flavoured Milk, Plain Butter Milk , Lassi and Salted buttermilk on work charge and commission basis strictly adhering to the details prescribed in the document.

Interested parties may respond to above by filling the details as per prescribed format and confirm through and give a short business presentation physically or through video conferencing on (Microsoft team) .The presentation shall include their current status, annual production, list of suppliers, investment, proposed plans, production facilities, aseptic packaging materials, transportation of raw milk, delivery of the finished product, marketing, sales services, efforts needed from MPCDF and its affiliated milk unions, payment terms etc. to MPCDF on 15.07.2020 at 11:30 am at MPCDF Bhopal.

The EOI notice, EOI details, can be downloaded from our registered website: [**www.mpcdf.gov.in**](www.mpcdf.gov.in)

 **Managing Director**

**M.P. STATE COOPERATIVE DAIRY FEDERATION LTD.,**

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**EOI INFORMATION**

SCHEDULE I : General Terms and Conditions

 SCHEDULE II : EOI Format

 EOI reference : MPCDF/PO/Aseptic packing/ 2020/EOI-1

|  |  |  |
| --- | --- | --- |
| 1. | EOI No. | **Reference No.** MPCDF/PO/Aseptic packing / 2020/EOI-1 |
| 2. | Last Date of submitting form physically or by e-mail  | 13.07.2020 at 5:00 PM |
| 2. | Date and time of presentation by party in person or by PPT/AV aid | 15.07.2020 at 11:30 AM |
| 6. | Place of opening of EOI and presentation | M.P.State Cooperative Dairy Federation Ltd.,Dugdha Bhawan, Dugdha Marg, Habibganj, Bhopal - 46202.For online presentation will be organized Microsoft Team app. |
| 7. | Address of Correspondence | The Managing Director,M.P.State Cooperative Dairy Federation Ltd.,Dugdha Bhawan, Dugdha Marg, Habibganj, Bhopal - 462024E Mail :- ho.mpcdf@nic.in, mpcdfqc@gmail.comContact:- Sandeep Sharnagat Mob No:- 9425918538 Note: EOI reference must be indicated on top of the envelope. |

 **MANAGING DIRECTOR**

**SCHEDULE - I**

**EOI FORM**

I/we hereby furnish following particulars about our units :

**A**  **General Information :**

I/We hereby furnish following particulars about my/our unit (s)

1. Name of unit : M/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address of the unit : 1. Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 2. Factory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Name of Proprietor/Partner(s) : 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Name with designation of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 the person authorized (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to sign the documents on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 behalf of the unit.

5. Telephone Nos. & Mobile No. : Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Factory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Particulars of the registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 certificate issued by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 competent authority, : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registration No. & date

7. G.S.T No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_

 (furnish a photocopy)

8. PAN (furnish a photocopy) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Whether the unit or sister : Yes / No

concern unit or any unit of If the reply is ‘yes’ please give details below

their proprietorship or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Partnership, (if any) has been \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Blacklisted/debarred or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 penalized by any Central or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State Government Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 or Cooperative Organization at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 any time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. FSSAI license no.UHT treated and Aseptic : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(furnish a photo copy of license)

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

11. Valid factory license detail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Enclose Photocopy)

12. STATUS OF ISO CERTIFICATION Yes /No IF YES PLEASE GIVE DETAILS. (Photocopy enclosed)

 **Signature with seal of the Authorized Person of the Unit**

**B** **Technical Information :**

1. Names of products/fluid milk being manufactured and packed at the works with brand name (s) :

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

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2. Whether the manufacturer is engaged in UHT milk and marketing :

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

3. Details of other dairy units whose milk has been converted into products in previous years :

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

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

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

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

4. UHT manufacturing capacity of the plant :

1. UHT processing capacity..................
2. Type of UHT processing plant.........
3. Make of UHT Plant: ........................
4. Aseptic packing capacity ( variant wise ) ..........
5. Type of UHT processing plant ..................
6. Make of UHT Plant: .................................
7. Quality of the aseptic packing material( with technical details)..............
8. Storage Capacity.....................................................................................
9. Storage capacity of finished products......................................

5. Spare capacity of plant being offered for

1. UHT processing and aseptic filling......................................
2. Aseptic packing capacity ................................................
3. Storage facilities..................................... .........................

6 Quality of milk required for UHT treatment.

1. Alcohol % for raw milk ...........................
2. Alcohol % for Pasteurised milk........................
3. Acidity in milk ..................................

7. In case raw milk is provided describe the the standardization facilities available

 (a) Standardisation facilities for adjustment of FAT and SNF in plant ........................

 (b) Reconstitution with SMP and cream/butter .

8. For fermentated product and flavoured milk

(a) For curd manufacturing facilities describe all the equipments and machinery available.. . ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

 (b) For flavoured milk production facilities describe all the equipments and machinery available ........................................................................................................................................................................................................................................................................................................................................................................

. 9. Production losses

1. Raw milk handling up to finished product............................................................
2. Losses of packaging materials ...............................................................................
3. Recovery norms for UHT milk................................................................................

 10. Sales & Marketing details.

1. Brand name of the product.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sales Volume per annum.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sales details as per different pack sizes.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Marketing strategy to sell long shelf life dairy product.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Sales area for long shelf life dairy product.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Transportation and logistics facilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Challenges for selling long shelf life dairy products. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Approximate costing

1. UHT processing cost for the milk and milk product............................
	1. High fat milk ...................................
	2. Toned milk............................................
	3. Flavoured Milk...........................................
	4. Plain Butter Milk .........................................
	5. Lassi ...............................................................
	6. Salted buttermilk.................................................
	7. *Curd manufacturing cost.*
	8. *Cost for manufacturing for plain butter milk, salted butter milk and lassi.*
2. Aseptic packaging cost of the above variant in 200ml, 500ml and 1liter sku's..................................................................................................................................................................................................
3. Sales commission if the firm sell and supply the product through his own distribution channel...

 **Signature with seal of the Authorized**

 **Person of the Unit .**

**SCHEDULE III**

(**Quality test after UHT treatment /Aseptic Packaging)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Items**  | **Shelf life of days**  | **Acidity**  | **Curdling percentage**  | **Chemical test Fat and SNF** | **Turbity test**  | **Accelerated Incubation test.** |
| **1.** | High fat milk ( 6% fat and 9% snf |  |  |  |  |  |  |
| **2.** | Toned 3.0% fat 8.5 % snf  |  |  |  |  |  |  |
| **2.** | Flavoured milk (dairy product)1.5% fat to 4.5% fat |  |  |  |  |  |  |
| **3.** |  Spiced Butter milk (dairy product) 1.5% fat |  |  |  |  |  |  |
| **4.** | Plain butter milk ( fat 1.5 %) |  |  |  |  |  |  |
| **4.** |  Lassi (dairy product) 1.5% fat to 4.5% fat |  |  |  |  |  |  |

 **Signature with seal of Authorize**

 **Person of the Unit**

 Date :- ............... Place :- ..............