



www.omfed.com

Odisha State Co-Op. Milk Producers' federation ltd.

D-2, Sahidnagar, Bhubaneswar - 751 007

Tel.No. 0674-2540273, 2546030, 2540417,

Fax No. 0674 - 2540974

E-mail Id: omfed @ yahoo.com,

Customer Care: 0674-2547119

Expression Of Interest for Allotment of OMFED Booth

Applications are invited from interested applicants in prescribed format for opening of OMFED Booth on private/rented/owned land/ shop/building for selling of OMFED milk and its products on commission basis at different locations in Odisha (except Bhubaneswar city). Persons interested for selling OMFED Milk and Products through Mobile Vending may also submit their application duly filled in. The detail terms & conditions for allotment of booth along with prescribed application form can be seen & downloaded from our website www.omfed.com. Duly filled in application form shall be submitted at the above address.

OMFED reserves the right to accept or reject any or all applications without assigning any reason thereof.

MANAGING DIRECTOR



APPLICATION FORM FOR NEW MILK BOOTH AGENCY

Paste stamp size photo

A. Name & personal details

1 Name of the Applicant (in Capital Letter)

2 Father's Name 3. Spouse Name

4 Date of Birth 5 Sex (M/F) 6 Mobile No

7 Proof of Identity **Voter card/ Aadhar No** 8 email ID

B. Agency Details

1 Proposed location Name

2 Whether you want to keep Products & Ice Cream along with Milk . (Y/N)

3 Agent Type (Booth /Mobile) 4 Name of controlling Dairy

5 Town/Market Name 6 Booth Ownership (Own/Rented)

7 Land Ownership (Govt. /Own/Other) 8 If Govt.land, is it leased(Y/N) 9 Lease Authority

C. Address Details

1. Address item	2. Permanent Address	3. Contact Address	4. Booth location Address
a. House/Plot Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Area/Road Name or Village	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Post Office	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Ward No. or Gram Panchayat	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. ULB or Block Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. District	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. PIN Code	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. Cold Chain Equipments Availabili

Equipment	Quantity	Capacity (in Litres)
Refrigerator	<input type="text"/>	<input type="text"/>
Deep Fridge	<input type="text"/>	<input type="text"/>
Bottle Cooler	<input type="text"/>	<input type="text"/>

E Suggestion for improvement in procedure placing order, making payment, receving products etc.

I do, hereby ,undertake that the above mentioned information furnished by me is true & correct to the best of my knowledge.

Place :

Date :

Signature of applicant

Note: Kindly submit the following documents (Xerox copy) along with this application form and (v) mark which is enclosed.

1 Aadhar card 2 Electricity bill 3 Voter Card 4 Teliphoe bill

5 Agreement Executed with house owner