Milk of Odisha

APPLICATION FORM FOR NEW PRODUCT DISTRIBUTOR						
A	**PERSONAL DATA**					
1	Name of the Applicant					Affix Passport size Recent Colour Photograph
2	Father's/Husband's Name					
3	Address for Communication	4 Permanent Address				
5	Proposed Place of Distributorship					
6	Name of the District					
B	**CREDENTIAL DATA**					
1	Experience in Milk, Milk Products/ FMCG					
2	Any Experience in OMFED Business					
3	Existing Network					
4	Area of Operation					
5	Distribution Channel					
6	Annual Turnover (only of FMCG)					
C	**FEASIBILITY DATA**					
	PARTICULARS	**EXISTING**	**UTILISED**	**SPARE**	**PROPOSED**	
1	**INFRASTRUCTURAL FEASIBILITY**					
a)	Godown facilities (Area Space)					
b)	No. of Freezer/ Bottle Cooler					
c)	No. of Insulated vehicle					
d)	No. of field staff for distribution					
e)	Alternative arrangement for power failure					
f)	Others (if any)					
2	**MARKETING FEASIBILITY**					
a)	No. of Agent					
b)	No. of outlet(wholly owned)					
c)	Area covered					
d)	Cold chain facility to Agent					
e)	Own Advertisement					
f)	Sale Growth					
g)	Potential Customers (Hotel, Mall, Mandap etc.)					
h)	Others if any					
3	**FINANCIAL / STATUTORY FEASIBILITY**					
a)	Constitution (Proprietorship/Partnership/ Co)					
b)	Sales Projection for 3 Yrs.					
c)	I.T. Return (Past 3 Yrs.)					
d)	GST No.					
e)	Food License No.					
f)	Trade License (if any)					
g)	Source for Project Financing (Own/Bank)					
h)	Source of Working Capital (Own/ Bank)					
i)	Others (if any)					

NB: The self-attested photocopies of relevant documents (as mentioned above) to be attached along with this application form for verification.

Date:

Signature of the Applicant