	FACTORY VISIT REPORT		- 22
Name of visiting Officer	NOT REPORT		Date:22.04.2022
NAME OF THE VENDOR			Date
ADDRESS & CONTACT DETAILS			the state of the s
Address of plant/manufacturing unit	and the second se	A STATE OF STATE	State
City & State		Service and a presentation	State
	City	PIN	
Area of plant/unit in SQF			
Unit is single/multi location			E mail ID
Contact Person (s) Details			E Mair
a) Manufacturing /Plant Head	Name	Mobile	
b) Despatch Head/ Officer			
c) Quality Head/ Officer			and the second
PLANT & MACHINERY DETAILS		A STATE OF THE S	
Technological collaboration, if any		NAME OF THE OWNER	
No. of product being manufactured			Product 3
Details of product	r	Product 2	Floddere
Name of product	Product 1	Produce	
Relevant BIS code follwed, if any			
Make of major plant and Machinery			
No. of production line & capacitty			
Total installed capacity/annum			
Present operating capacity/annum			Semi skilled
Manpower details		Technicians	Selli skiled
No.of manpower	Engineers	Technis	
No. of operating shifts			
			Raw Material 3
RAW MATERIALS DETAILS Details of major raw materials	Raw Material 1	Raw Material 2	Raw Material C
Name	Raw Wateriar i	1.1	
Brand & Source			
No.of days Inventory hold			
QUALITY CONTROL DETAILS			
Type of On line quality checks			
Quality control lab is set up			
Type of periodical check in lab			Instrument 3
Details of major instruments	Instrument 1	Instrument 2	incu and
Name			
Make			
Calibration Frequency			
Any quality certification (ISO9000/14000)		ST. C. L	
GENERAL WORKING ENVIORINMENT			
Layout of plant and machineries			
Level of Housekeeping in the factory			
Safety measures taken for labor			
Pollution level (air/water/solid/noise)			
Treatment for Pollution and waste generation Remark			

Recommendation for Approval:

Approval For :

Sign of Assessor:

To be filled by Purchase team

Recommended for enlistment

Comments, if any Signature

Yes/No

YES / NO

For M. K ENTERPRISE Kubum Sain Partner



ANNEXURE "B" TO VRIF

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(Draft of MSMED Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head in case he is n

Date:

To,

The Project Manager 101, Kalpataru Synergy, Opp. Grand Hyatt, Santacruz (E), Mumbai 400055.

Dear Sir/Madam,

Sub: Declaration under Micro, Small and Medium Enterprises Development Act, 2006.

We are not registered micro or small or medium enterprise under the Micro, Small and Medium Enterprises

We shall inform you and submit a copy of the memorandum for your records as and when we make our application for registration to the National Board for Micro, Small and Medium Enterprise.

Thanking You Yours truly, For M. K. ENTERPRISE Kubum Sair Partner (Signature of Proprietor/Partner/Chief Executive) For M. K. ENTERPRISE Name in Capital letters Rubber Seal KUSUM JAIN Partner

RE RALFATHRU NAME OF THE VENDOR Item category	PRE BID QUESTIONNAIRE					FORM NO . KPTL/PU/T6
Item category OWNERSHIP AND KEY STAKEHOLDER(S)			/			FORM NO . KPTL/PU/16
If your organization is a privately owned, list all the owners of your organization. For publicly traded Companies, list all shareholders holding more than 5%.			_/			
traded Companies, list all shareholders holding more than 5%.						
	NAME	ADDRESS	OWNERSHIP%	NATIONALITY		
List the members of senior management team (executives) and/ or board of directors?						
executives) and/ or board of directors?						
	NAI	ME	OWNERSHIP%	NATIONALITY		
Do you have any initial		1				
Do you have any jointly-owned organizations? Who are the key subsidiaries or jointly-owned organizations that will be involved in the proposed project/oathersbic?						
organizations that will be involved in the proposed project/partnership?						
	YE	S		NO		
List the name(s) and title(s) of the individual	ORGANIZATION NAME	RELATIONSHIP	LOCATION	DATE/PLACE ESTABLSHED	PERCENTAGE OF OWNERSHIP OF BIDDING ORGANIZATIONTIN SUBSIDIARY(JES)/JOINTLY OWNED COMPANIES	
List the name(s) and title(s) of the individuals who will be responsible for working with our organization.				LOTABLONED	OWNED COMPANIES	
	NAME	DESIGNATION	OWNERSHIP%			
			OTTILINGTIIP //	NATIONALITIES		
st all previous or current relationships with KPTL/ other stakeholder department of the project						
nd the period when such relationship was active?						
	NAME OF THE PROJECT	BRIEF DESCRIPTION	START DATE	END DATE	VALUE OF PROJECT	WORK ORDER/AGREEMENT
o you have or had a personal relationships with the official/ employee working with KPTL /other					ALCE OF TROJECT	REFERENCE NO
akeholder department of the project? If yes, list all the name(s) and relationship(s) for the						
me.						
		/				
you plan to use any other entities or individuals, including subsidiaries, affiliates,						
tnerships or joint ventures, consultants, intermediaries, public relations agencies, marketing			5			
encies, logistics providers, freight forwarders, customs brokers or any individuals other than in own employees to perform services under the proposed agreement? If yes, identify their						
ne and address, their relationship to you, and the activities they will perform.	YES					
to and address, alow relationship to you, and the address they will perform.	TES			0		
			RELATIONSHIPS TO YOUR			
	NAME	ROLE/ACTIVITIES	ORGANIZATION	ADDRESS	SPOC CONTACT DETAILS	

For M. K. ENTERPRISE

Kusum Jain Partner

FF					
ALPA TARU					
	RATION DETAILS				
GST Registration Number (Please attack	RATION DETAILS				
GST Registration Number (Please attach copy of Registration Certificate)	19ABCFM9039L2ZO				
Registered Address with GSTN Pin code	MAL ROAD,NEAR CINEMA HALL, MAYNAGURI,JALPAIGURI,WEST BENGAL-735224				
State of GST registration (include list if multiple)	735224				
	WEST BENGAL				
Nature of supply (Goods / series)	07.07.2018				
Whether material supplied from OFT	GOODS				
Certificate Copy attached (Y/N)					
Email Id registered under GST					
g started under 661					
LIST OF MATERIALS SU	PPLIED/SERVICES PROVIDED				
Materials / Services Description					
activities Description	HSN (For Materials)	SAC (For Services)			

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(Signature of Proprietor/Partner/Chief Executive) For M. K. ENTERPRISE

Rubber Seal

NOTES:

Kusum Ja Partner

1) In case of multiple GST registrations under the same Vendor name, kindly fill all details as above for all GST registrations and submit all GST registration certificates

2) Vendors with annual Turnover less than 20 Lakhs fall under exempt category, accoridngly they need to submit declaration in specified format attached herewith.

Anseure D DECLARATION FORM (A) DECLARATION ON EMPLOYMENT OF RELATIVES IN KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES We, hereby declare that the following employee(s) of Kalpataru group of Companies / or of Companies / are my relative(s): Structure of the supplex										
We, hereby declare that the following employee(s) of Kalpataru group of Companies / or of Companies / are my relative(s): Image: Strain Stra	RALPA	-TARU	Annexure D DECLARATION FORM							
We, hereby declare that the following employee(s) of Kalpataru group of Companies / or of Companies / are my relative(s): Image: Strain Stra	(A) DECLA	RATION ON E	MPLOYMENT (OF RELATIVES	IN KALPATARU GR		NIES / COMPE	TITOR COMPAN	NIES	
St. Code Name Designation Company Location Relation If NO, then please tick on NO (B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Competitor Companies. Image: Str. Mo. Name of Company If NO, then please tick on No (Signature of the Supplier Authorized Representative) Image: Str. Mo. For M. K. ENTERPRISE Name & Designation of Authorized Signatory Partner Stamp & Seal of Company Partner	1									
(B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Companies / Companies. <u>Sr. No.</u> <u>Signature of the Supplier Authorized Representative.</u> <u>Signature of Company/ies</u> <u>Name of Company/ies</u> <u>Name & Designation of Authorized Signatory</u> <u>Partner</u> Stamp & Seal of Company		Sr.		Name	Designation	128. Products 128 Arrest Store	Location	Relation		
(B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Companies / Companies. <u>Sr. No.</u> <u>Signature of the Supplier Authorized Representative</u> <u>Signature of Company/ies</u> <u>Name of Company/ies</u> <u>Name & Designation of Authorized Signatory</u> <u>Partner</u> Stamp & Seal of Company									-	
(B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Companies / Companyes <u>Sr. No.</u> <u>Stapp & Seal of Company</u> <u>Stapp & Seal of Company</u>			/						1	
St. No. Natrie Company effect from Business Location Relationship If NO, then please tick on NO (Signature of the Supplier Authorized Representative) For M. K. ENTERPRISE Name of Company/ies For M. K. ENTERPRISE Partner Name & Designation of Authorized Signatory Partner Stamp & Seal of Company Date:	We hereby	We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Competitor Companies.								
(Signature of the Supplier Authorized Representative) For M. K ENTERPRISE Name of Company/ies Name & Designation of Authorized Signatory Stamp & Seal of Company Date:			Napie				Location	Relationship		
(Signature of the Supplier Authorized Representative) For M. K ENTERPRISE Name of Company/ies Name & Designation of Authorized Signatory Stamp & Seal of Company Bartner		-/			/	-/	-/	/		
Name of Company/ies Kusum Stain Name & Designation of Authorized Signatory Partner Stamp & Seal of Company Place:										
Name of Company/ies Kusum Stain Name & Designation of Authorized Signatory Partner Stamp & Seal of Company Place:	(Signature	(Signature of the Supplier Authorized Representative)								
Name & Designation of Authorized Signatory Partner Stamp & Seal of Company Place:			100	T much	Jain					
Stamp & Seal of Company Date:	Name & Designation of Authorized Signatory Partner			S M K ENTERPRISE						
	Stamp & S	Seal of Compan	у				Place:		1	



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ANNEXURE "C" TO VRIF

(Draft of Payment Authorization Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head)

Date: To, The Project Manager 101, Kalpataru Synergy,

Opp. Grand Hyatt, Santacruz (E), Mumbai 400055.

Dear Sir/Madam,

Sub: Authorization for payment of bills by RTGS/ NEFT.

We hereby authorize all the entities in the Kalpataru group to directly credit our Bank Account mentioned below with the payment due against our bills for supplies/services rendered by us to all entities in the group and send us the intimation on following email address/Mobile No.:

Our Email Address:

Mobile No.: 9434033018

The Details of our Bank account for payment through RTGS/ NEFT are as under:

Name of Bank: ICICI BANK

Branch : MAYNAGURI

Address : DEBINAGAR, MILPARA, POST-MAYNAGURI, DIST-JALPAIGURI, WEST BENGAL-735224

MICR Code : 735229501

RTGS/NEFT IFSC Code : ICIC0002621

Bank Account Number : 262105000763 We undertake to

1) Inform you for any changes in the aforesaid bank details.

2) Refund any wrong/excess payment of money received by us in case of erroneous transfer of funds to our account within 7 days of receipt of intimation from you.

3) Inform and refund to you on any excess/erroneous money received by us.

Thanking You

Yours truly, For M. K. ENTERPRISE

Kusun Jain

(Signature of Proprietor/Partner/Chief Executive) Name in Capital letters Rubber Seal (Please attach a copy of cancelled cheque for reference)