

EXPRESSION OF INTEREST

FOR

SELECTION OF AGENCIES

FOR

COLLECTION AND DISTRIBUTION OF FRUITS AND VEGETABLES AT DOORSTEP (ONLINE DELIVERY) ON
NEED BASIS AS PART OF JEEVANI-SAJEEVANI SCHEME IMPLEMENTED BY AGRICULTURE DEVELOPMENT
AND FARMERS' WELFARE DEPARTMENT ON BEHALF OF GOVERNMENT OF KERALA IN KERALA STATE

Director of agriculture development and farmers welfare department

Vikas bhavan, thiruvannathapuram , kerala 695033

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Objectives of the scheme

- a) Online delivery of fruits and vegetables at doorstep for consumers on need basis
- b) Deliver quality product in hygienic condition adhering green protocol
- c) Market intervention for the benefit of farmers as well as consumers

Agencies involved

- a) Department of Agriculture
- b) HortiCorp
- c) VFPC

Acceptance / rejection of EOI

Department of Agriculture reserves the right to accept or reject any EOI application and / or to the selection process and reject all EOI at any point of time without assigning any reason or incurring any liability to the applicant .

Other terms and conditions

- a) Selected firms shall be granted registration . the decision of the Director of agriculture in this matter shall be final and binding to firms selected by director of agriculture
- b) EOI received after due date and time will not be accepted
- c) EOI should contain company profile and experience as per annexure I and other related experience profile .

ANNEXURE – 1 Company Profile & Experience

1. Name of the firm/Brand :

2. Registered : (pls. provide Trade Mark Certificate for registering your brand/brand registration certificate)

3. Nature : Company/partnership firm/proprietorship

4. Address : -----

Telephone ----- Fax-----

E Mail: -----

5. Years of Establishment : -----

Enclose self-attested copies of below documents

5.1. Memorandum & Article of Association /Partnership deed in case of partnership firm,

5.2 Company / firm Registration Certification

5.3 Duly audited Financial Accounts along with CA report for last 3 years,

5.4 Incorporation certificate issued by Registrar of Companies if applicable

6. Organization setup (Board of Directors with residential Address & Qualification): (Attach separate sheet if necessary)

Sl.No.

Sl no	Designation	Name & address with ph no :	Share holding/partner share
1	Chairman		
2	Managing Director		
3	Directors:		

7. Turnover (Enclose Balance sheet of last 3 years and in case of partnership concern, certificate of audited account from Chartered Accountants be attached)

Item	2014-15	2015-16	2016-17	Remarks
Authorized capital				
Paid up capital				
Term loan				
Current capital				

8. Other State registration details (if any)

9. Copy of factory area/ plot (with drawing duly certified by Govt. approved structural engineer) and land ownership / lease documents.

10. Organizational set up of professional experts / specialists at the head quarter:

Qualification

Particulars
Production Personnel

Marketing Personnel

Mention qualification of the Personnel engaged in the above table (attach separate sheet if necessary)

11. Organization set-up in the State of Kerala

Particular	Posted at factory site / H.O (Nos.)	Posted at Regional Offices (Nos.)	Persons Posted in the field (Nos.)
Production Personnel			
Marketing Personnel			

12 Dealer network in Kerala (attach district wise list of dealers with full address)

Name, address telephone no & fax numbers of the OSM's banker's who may provide reference if contacted by the DIRECTORATE OF AGRICULTURE / HORTICORP/ VFPCK .

Information (if any) on litigation history during last five years in which the OSM is involved

Address of the parties with whom OSM is involved in litigation	Cause of dispute	Amount involved (Rs)	Present status remarks

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13. Certificate:

13.1 Certified that the information provided in this EOI is true to the best of my knowledge and if found incorrect, all may future claims would be forfeited.

13.2 Certified that I will produce all the reverent records in original for verification as and when required by DIRECTORATE OF AGRICULTURE/ VFPCK/ HORTICORP .

Seal of Organization
Date:
Encl: as able

For and on behalf of

(.....)

(WITH NAME & DESIGNATION)