

**AURANGABAD DISTRICT COOPERATIVE MILK PRODUCERS' UNION LTD. CH
SAMBHAJINAGAR**

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Head Office: NEAR GOVT. DAIRY JALNA ROAD CH SAMBHAJI NAGAR

The Managing Director,
ADCMPUL AURANGABAD

Kind Attention: Dy Manager (Mktg.), ADCMPUL Aurangabad

Ref. Advt. No. PSF/Mktg./Dated: 08/11/2025/Dainik Lokmat

Sub: Expression of Interest for Appointment of Distributor for DEVGIRI MAHANANDA Milk.

S. No.	Particulars	To be filled in by Applicant				
1.	Distributorship of	Devgiri mahanand Milk				
2.	Area of Operation Applied for					
3.	Name of the party (in capital letters)					
4.	Type of Organization	Proprietary / Partnership / Limited Company				
5.	Name of Proprietor / Partners / Authorized Signatory (in capital letters) with Aadhaar No. & PAN No.					
6.	PAN No. of Organization					
7.	GST No.					
8.	FSSAI Lic. No. (with expiry date)					
9.	Email Address (Compulsory for Correspondence purpose)					
10.	Correspondence Address (in capital letters)	-				
11.	Permanent Address			Same as Correspondence Address		
12.	Contact Details	Office:		Resi.:		
		Mobile:		Fax:		
13.	Current Business (please provide existing business details)					
14.	Assets: Land & Building (please also specify whether owned or rented) Manpower					
15.	Transport Facilities:	Sr no	Type of vehicle	Year of manufacturing	Insulation	
					yes	no
		1				
		2				
		3				

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16.	Experience in Milk Sales and Distribution, if any	
17	Turnover (in INR) (Please attach Balance Sheets of last 2 years)	Expected Turnover in FY 2024-25 = Turnover in FY 2023-24= Turnover in FY 2022- =
19.	Income Tax Return Acknowledgements of last 2 years	Whether attached Yes / No
20	Expected monthly Sale of Devgiri Mahanad Milk (in INR)	
21	Are you dealing in Milk of any other Brand? If yes, give details.	
22	Any other information	