



# ಕರ್ನಾಟಕ ರಾಜ್ಯ ಖಿದಳ ಧಾನ್ಯ ಅಭಿವೃದ್ಧಿ ಮಂಡಳ ನಿಯಮಿತ, ಕಲಬುರಗಿ

## Karnataka State Pulses Abhivridhi Mandali Ltd. Kalaburagi



### ವಿತರಕರಾಗಿ ಆಯ್ಕೆಗಾಗಿ ಅರ್ಜಣ APPLICATION FORM FOR SELECTION AS DISTRIBUTOR

Name of the existing business: \_\_\_\_\_

Name of the owner/authorised representative (First and last name): \_\_\_\_\_

<b>ಜಾಪ್ತಾಯಿಜ್ಜರ್ವ ಉದ್ಯಮದ ಕಾನೂನಾತ್ಮಕ ಸ್ವರೂಪ</b> <b>Legal Form of Existing Business</b>		<b>ಉದ್ಯಮದ ಗುರುತುಗಳು Business identities</b>	
Proprietorship	<input type="checkbox"/>	Business Reg. No.:	GSTIN No.:
Partnership	<input type="checkbox"/>	FSSAI license No.:	PAN No.:
Private Company	<input type="checkbox"/>	E-mail:	Ph.:
Public Company	<input type="checkbox"/>	Registered address:	
Any other (specify)	<input type="checkbox"/>		PIN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Website URL: _____	

#### ದಿನಸಿ ಉತ್ಪನ್ನಗಳ ವಿತರಣೆಯ ಅನುಭವ ಹಾಗೂ ವಿತರಣಾ ಸೌಕರ್ಯಗಳು Experience in grocery distribution, and availability of distribution infrastructure

Do you possess experience in grocery distribution? Yes  No

If yes, provide details - number of years, products, brands (incl. private labels if any), distribution infrastructure (incl. vehicles):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If required, use additional sheet)

<b>ವಿತರಕರಾಗಿ ಕಾರ್ಯನಿರ್ವಹಣೆಯಲ್ಲಿ ಬಯಸುವ ಪ್ರದೇಶ (ಹಿನ್ನ ಕೋಣ್ಣೆಗಳು)</b> <b>Proposed area of distributorship</b>		<b>ಅರ್ಥಕ ಸಾಮರ್ಥ್ಯ Financial strength</b>	
Interested geographical area for distributorship (indicate max. 10 PIN codes in order of preference)			
1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enclose your audited financial statements & tax returns of the last three financial years	
Annual turnover (Rs.) from <b>OFFLINE</b> sales of grocery products			
Year: _____	Year: _____	Year: _____	
Rs.: _____	Rs.: _____	Rs.: _____	
Are you willing to provide solvency certificate if asked for? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to provide EMD? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to procure products by making advance payment along with purchase order? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to spend a part of your business turnover on local promotional activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			

ಜಾಪ್ತಯಲ್ಲಿರುವ ಉದ್ಯಮದ ವಿವರಗಳು **Description of existing business**

(Established in, product portfolio, area of operation, number of fulltime employees etc.)

Enclose corporate brochure/annual report etc. if available

ಲಾಂತ್ರಿಕಿಯಲ್ಲಿರುವ ದಾಖಲೆಗಳು (ಅಜೆಂಡಾರಲ್ಲಿ ಬರೆಯತಕ್ಕದ್ದು) **List of enclosed documents (to be filled by applicant)**

1.	4.
2.	5.
3.	6.

**Please submit the filled applications  
(printed copy / registered post) to :**

**Karnataka State Pulses  
Abhivridhi Mandali Ltd.**  
Jewargi Road, Kotnoor (D), Behind RSK  
Next to KSSC, Kalaburagi - 585102  
E-mail : [bhimapulseshelp@gmail.com](mailto:bhimapulseshelp@gmail.com)  
Ph. : 8277708188

**ಕಚೇರಿ ಬಳಕೆಗಾಗಿ For office use only**

Application No.:

Received on:

Appraised on:

Received by:

Appraised by:

Appraisal report No.: