



Letter of Intent: Form 1

CII Award for Food Safety 2019

1. Name of Applicant Organisation:

2. Name of the Highest Ranking Official of the Organisation:

Designation:

Email:

Mobile:

Telephone:

Fax:

3a. Name of Applicant Unit:

3b. Address of Applicant Unit:

4. Applicant Unit is in operation from: [Date / Month/ Year]

5. Name of the Highest Ranking Official of the Applicant Unit:

Designation:

Email:

Mobile:

Telephone:

Fax:

6. Name of the Contact Person/s in Applicant Unit: (All the communication will be sent to contact person)

A). Designation:

Email:

Mobile:

Telephone:

Fax:

B). Designation:

Email:

Mobile:

Telephone:

Fax:

Contact Address (If different from above).....

.....

.....Pin Code:

7. Product and Services Offered by the Applicant Unit:

8. Food Category Name and Number under which FSSAI License has been issued:

9. Total Number of Employees in the Applicant Unit:

10. Annual Sales turnover of the Organisation for previous year (INR/USD) 2018-19:

11. Annual Sales turnover of the Applicant unit for previous year (INR/USD) 2018-19:

12. Criteria of Assessment of the Applicant Unit (as per Table 1 attached):



13. Which segment does the Applicant unit belong to (Refer Table 1 attached)? (Tick as appropriate)

- **Small** (Upto Rs 5 Cr/ USD 7.7 Lac Annual Sales Turnover of 2018-19) []
- **Medium** (Above Rs 5 Cr -100 Cr/ USD 7.7 Lac – 1.54 Cr Annual Sales Turnover of 2018-19) []
- **Large** (Above Rs 100 Crore/ USD 1.54 Cr Annual Sales Turnover of 2018-19) []
- **Street Food** []

14. Payment details (Refer Fee Structure Attached):

Please find enclosed Cheque / Demand Draft No for Rs. Drawn in favour of “Confederation of Indian Industry” payable at New Delhi as Fees (non-refundable), towards Award Application Fees.

I agree, on behalf of my organization, to abide by the rules of the CII Food Safety Award competition and accept that the decision of CII is final. I confirm that my organization is eligible to take a part in this competition and that all information in this application and accompanying application documents are correct. I accept the timetable, the non-disclosure and confidentiality clause and fees and cost structure.

Company Seal

Signature of the Highest Ranking Official of the Applicant Unit

Date

*Fees is non refundable

Address for correspondence:

Ms Anju Bist

Deputy Director.

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