Letter of Intent: Form 1
CII National Award for Food Safety: Year 2013

Name of Applicant Organisation: .................................................................................................................................

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

Designation: ................................................................. Email: .........................................................................................

Mobile: ................................................... Telephone:......................................................................... Fax:........................................

Name & Address of Applicant Unit: ..............................................................................................................................
............................................................................................................................. ................................................
.................................................................................................... Pin Code: ........................................................

Applicant Unit is in operation for:  [___] Less than 3 years  3 years or more  [___]

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

Designation: ................................................................. Email: .........................................................................................

Mobile: ................................................... Telephone:......................................................................... Fax:........................................

Name of the Contact Person in Applicant Unit: .............................................................................................................

Designation: ................................................................. Email: .........................................................................................

Mobile: ................................................... Telephone:......................................................................... Fax:........................................

Contact Address (If different from above): ....................................................................................................................
.............................................................................................................................................................................
.....................................................................................................Pin Code: .......................................................

Product and Services Offered by the Applicant Unit: ....................................................................................................
................................................................................................................................................................................

Total Number of Employees in the Applicant Unit: ......................................................................................................

Annual Sales turnover of the Organisation for the previous year (INR): ........................................................................

Annual Sales turnover of the Applicant unit for the previous year (INR): .................................................................
Criteria of Assessment of the Applicant Unit (as per Table 1 attached):

Are you a member of CII:  
Yes [___]  
No [___]

Which segment does the Applicant unit belong to (as per Table 1 attached)

Small & Micro [___]  
Medium [___]  
Large [___]

Payment details:

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

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

Address for correspondence:

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