

COMPANY LETTER HEAD)

Dated:.....

1.	Name of company: (years in operation)	
2.	Name of the Owner (Company)	
3.	Education Qualification of Owner of Company	
4.	Nature of business	
5.	Company registration details	
6.	Date of Incorporation/Date of Registration of company	
7.	State of Incorporation/ Registration of company	
8.	Type of organization (Proprietary, Partnership, Co-operative, Pvt. Ltd. Company, subsidiary, Public limited Company, self-help group, others)	
9.	If Partnership, Co-operative or Societies, Kindly mention number of members	
10.	If partnership of Proprietorship firm kindly provide the copy of DEED	
11.	Relationship with any other company (provide details)	
12.	Address of registered office:	
13.	Address of Processing/manufacturing unit:	
14.	Name of the products manufactured/Processed or marketed by your organization	
15.	Processing/Manufacturing unit Yes/No	
16.	If Yes , Capacity of the processing/ Manufacturing unit	
17.	Business/Marketing operation area (State, Cities, District)	
18.	Production Area & its details	
19.	Production capacity:	
20.	Annual turnover (for last Financial year):	
21.	Employee strength: Board Members Permanent Employees Contractual Staff	
22.	Details of non-Indian equity Participation (foreign) in the	

	company's share capital Or management: (*If there is no Foreign equity kindly submit the affidavit)	
23.	Phone number:	
24.	Fax number:	
25.	Website:	
26.	Email Id:	
27.	Name and address of point of contact to whom Official letters from IARI, New Delhi can be sent:	
28.	Technology to be licensed from IARI:	
29.	Name of authorized signatory & witnesses who will be present at the time of signing 'MoA' along with their designations	
30.	Authorized signatory:	
31.	Witness 1:	
32.	Witness2:	
33.	If you have any requests for additional information regarding this technology and its commercialization, please identify them here	
34.	Please provide a copy of your latest Annual Report, Business Financial Report, Company Deed, Agreement Copy or other documents that describe your company.	

Please fill in the information and return to ZTM & BPD unit, IARI, NEW DELHI – 12. The terms and conditions/draft MoU shall be extended only after receiving the above details