

RAJASTHAN DRUGS & PHARMACEUTICALS LIMITED

(A Govt. of India Enterprise)

Road No. 12, V.K.I. Area, Jaipur-302013.

Ph: 0141-4035468 Fax: 0141-4107101

EXPRESSION OF INTEREST

RDPL invites expression of interest for all states for C&F Agents, Marketing Organizers, Stockiest, Business Associates & others to with company in its growth strategy. Those who are interested may apply within 10 days of its publication. Application form can be downloaded from our website. Application fee Rs. 5000/- Please visit our website www.rdpl-india.in for details.

Areas:-Allopathy (Pharma), Ayurveda, Homeopathy, Veterinary, Unani, Nutraceuticals, Energy Food &Supplements Agro Chemicals and Pharma Trade (Brand). The parties who are having relevant business experience with sound financial background need to apply. Those who are ready to provide a security deposit of Rs. 5 lacs to 25 lacs only to be applied.

Security Deposit	Amount (Rs.)
C&F	15 Lacs
Stockiest	25 Lacs
Marketing Organizer	5 Lacs
Business Associate (Trade)	10 Lacs

RDPL shall accept or reject any application without assigning the reasons.

(Factory Manager)

RAJASTHAN DRUGS & PHARMACEUTICALS LTD.

APPLICATION FORM FOR C&F AGENT, MARKETING ORGANIZER, STOCKIEST & BUSINESS ASSOCIATES (TRADE)

NAME OF THE FIRM / COMPANY					
ADDRESS 1					
PHONE NO.:					
FAX NO.:					
EMAIL ID:					
ADDRESS AND PHONE NO. (FOR SENDING PAYMENT / P. O. / PERMIT / "C" FORM)					
PHONE NO.:					
FAX NO.:					
EMAIL ID:					
STATUS OF THE ORGANISATION :-					
(i) Company/Partnership/ Proprietaryship Firm					
KEY PERSON/ CONTACT PERSON:-					
(i) Proprietary Person/ Partner's name/Director's Name					
SIZE OF ORGANISATION:-					
Business experience in years					
Three years sales turnover					
Large/ Medium/ small Scale)					
REGISTRATION No UNDER MSME Act 2005 :- (medium small & Micro Enterprises Act) :-					
TYPE OF COMPANY:					
(GOVT. / SEMI-GOVT. / PRIVATE)					
PAN NO.:					
SALES TAX. NO. / TIN NO.:					
CST NO.:					
ECC NO. WITH RANGE & DIVISION					
SERVICE TAX REGISTRATION (PAN BASED STC CODE)					
DRUG LICENSE NO.:					
STATE & PLACE OF REGISTRATION:					
BANK NAME:					
BANK A / C NO.					
SIGNED / VERIFIED BY:					