

## EMPANELMENT OF CONSULTANTS

Applications are invited in the prescribed application form available in the APICOL website [www.apicol.co.in](http://www.apicol.co.in) as well as Govt. of Odisha website [www.odisha.gov.in](http://www.odisha.gov.in), from agri-business consulting firms / organisations / individuals for empanelment with APICOL.

Applicants must be qualified experts with minimum of Post Graduate degree level qualifications approved by UGC/ AICTE/ Institute of Chartered/Cost Accountants of India, as the case may be having expertise in any of the following fields:

a. Agriculture, Horticulture, Agri-business, Food Processing, Fisheries, Poultry & Dairy, Engineering Management, Finance, Rural Management etc.

b. Chartered Accountants/Cost Accountants.

The duly filled in application for empanelment accompanied by attested copy of registration certificate of Applicant Organization/Firm, a copy of its latest annual report and last audited annual accounts along with past experience details must reach at the Office of the MD, APICOL, on or before 25.08.2017 by 5.00 PM.

The management reserves the right to cancel the EOI with or without assigning any reasons therefor.

Date: 27-07-2017

MANAGING DIRECTOR



**APICOL**

(A wholly owned corporation of the Government of Odisha)  
Bhubaneswar, Odisha (India) - 751 023, Odisha  
Tel: (0674) 2561234, Fax: (0674) 2561235  
Website: [www.apicol.co.in](http://www.apicol.co.in), E-mail: [apicol@apicol.co.in](mailto:apicol@apicol.co.in) / [info@apicol.co.in](mailto:info@apicol.co.in)



## **APPLICATION FORM FOR EMPANELMENT OF AGRI-BUSINESS CONSULTANTS**

<b>1. GENERAL:</b>				
1.1	(I)	Name of the consultant / organization	:	
	(ii)	Address of the registered office (telephone and fax numbers with STD code, E-mail).	:	
	(iii)	Particulars of administrative and Branch office if any (telephone and fax numbers with STD code, E-mail).	:	
1.2	Constitution (whether a proprietary / partnership firm, cooperative society, private / public limited company and enclose copies of by-laws/memorandum and articles of association)		:	
1.3	Date of registration / incorporation		:	
<b>2. BRIEF HISTORY:</b>				
2.1	Furnish brief particulars of the organization, indicating changes, if any, in the name, constitution and management.		:	
2.2	Capital Structure		:	
2.3	Category of the consultancy organization		:	(Please tick)
	(a)	Individual consultant	:	
	(b)	Handles assignments with the help of associates or part time professional staff	:	

	(c)	Consultancy firm	:	
	(d)	Consultant who also manufactures/ supplies plant, machinery and equipment either directly or through an associates	:	
2.4		Brief particulars of the activities, other than consultancy.	:	
2.5		Particulars of income exclusively from consultancy work for the last three years. (Please enclose copies of audited accounts and annual report for the last three years).	:	
<b>3. PROMOTERS/PROFESSIONAL STAFF/ASSOCIATES:</b>				
3.1		Names and address of proprietor / promoters / directors-indicate whether working partner / director	:	
		<u>Name</u>	<u>Status/position in the organization</u>	<u>Qualification and Experience</u>
3.2		Detailed bio-data of professional staff as per Annexure-I, including the proprietor / working partners / directors	:	
3.3		Name(s) and address (es) of associates whose services are availed on job-work basis. (Furnish detailed bio-data as in Annexure-II)	:	

<b>4. AREAS OF SPECIALISATION:</b>		
Enclose:	Relevant documentary evidence such as letters of engagements from clients, copies of agreement with clients etc.	
<b>5. DECLARATION:</b>		
5.1	I/We hereby declare that the information given herein before and the statements and other papers enclosed are to the best of my/our knowledge and belief, true and correct in all particulars.	:
5.2	I/We do agree to abide by the code of ethics and a copy thereof duly signed by me/us is enclosed.	:

Place:

Signature  
(Name & Signature)

Date:

Seal of the organization.

N.B.:- Applicants are requested to go through the guidelines for sanction and disbursement of Capital Investment Subsidy (CIS) under State Agriculture Policy available at the website: [www.apicol.co.in](http://www.apicol.co.in)

## ANNEXURE-I

### Particulars of Professional Staff (Full/Part-time and Associates)

Sr. No.	Name & designation	Qualification	Age	Specialization	Full-time/Part-time Associates	Particulars of previous experience
(1)	(2)	(3)	(4)	(5)	(6)	(7)

**ANNEXURE-II****Particulars of Associates**

Sr. No.	Name	Qualifications and Area of Specialization	Age	Experience (including the present occupation)	Whether consent letter enclosed	Particulars of assignment where his/her services were utilized
(1)	(2)	(3)	(4)	(5)	(6)	(7)