

**Application Form**  
**For Implementation of Total Quality Management (TQM)**  
**Including ISO 9000, HACCP, GMP, GHP etc.**

A. Organization/Promoter

1. Name & Address  
(Telephone/Fax)
2. Background/Experience
3. Financial Status  
(Bankers Name, if any)
4. About Existing Industry
5. Details of existing Plant & Machinery and Quality Control facilities

B. Project Description

1. Name of the Project:  
(Implementation of HACCP/GMP/GHP/ISO 9000)
2. Location/Area
3. Name of the Products/by-products  
(specifications & use)
4. Process  
(with flow chart)
5. Technology  
(source: indigenous/imported)
6. Capacity of Plant/Manufacturing unit  
(Per day/per year)
7. Capacity utilization in last completed year (figures in %)

C. Project cost

- (a) Consultant Fees
- (b) Fees charged by certifying body
- (c) Pre-operative expenses
- (d) Technical civil works (if any)
- (e) Plant & machinery  
(This include the equipments required for upgradation Hygiene, Quality Control testing facilities such as in-house Food testing laboratory etc.)
- (f) Any other expenses as per the requirement of GMP, GHP, ISO 9000, HACCP etc.

C (1). Abstract of the project Cost

Item Cost

- a)
- b)
- c)

Total:

D. Means of Finance

- (a) Equity  
(Promoter/Foreign/Other)

(b) Loan

(Term/working Capital)

(c) Subsidy

(d) Fund requirement from Ministry (MFPI)

E. Marketing

a) Size of existing Market in terms of cost benefit ratio

b) Increase in Future Demand

(Expected size of market in the first year after implementation  
Of food safety/quality management systems)

F. Implementation Schedule

Items of work Date of implementation

(Bar charts/Milestone charts may be enclosed)

G. Details and experience of the consultant, if any

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H. Details and experience of certifying body

I. Details of Accreditation Body

Effect of implementation of proposed quality/safety measures  
on overall performance of the Company

J. Assistance already Component/ Amount Year

availed From MFPI Activity for which

(Give name assistance was  
of the Scheme) taken

K. List of Enclosures

Place:

Date:

Authorised Signatory

Name (block letters)

Designation (with special seal of organisation/individual)