



The All India Glass Manufacturers Federation

INDIAN GLASS DIRECTORY

PROFORMA – I – To be completed by Glass Manufacturers.

1. Name & Address of the Company : _____

Pin Code : _____
Telephone No. : _____ Fax: _____
E- mail Address : _____ Website : _____
2. **Chief Executive :**
 - I. Name : _____ Designation : _____
 - II. Tel/Mobile No. : _____ Fax: _____
 - III. E- mail : _____
3. **Contact Person :**
 - I. Name : _____ Designation : _____
 - II. Tel/Mobile No. : _____ Fax: _____
 - III. E- mail : _____
4. Annual Turnover (2010-11) Value in Rs. lakhs : _____
5. Installed capacity (2010-11) in tonnes : _____
6. Actual Production (2010-11) in tonnes _____
7. Exports (2010-11) VALUE in Rs. Lakhs. _____
8. No. & type of furnaces : _____
9. Fuel used : _____
10. No. & type of machines
 - a) Automatic : _____
 - b) Semi – Automatic : _____
11. Products Manufactured : _____
12. Production commenced (date) : _____
13. Any other information (in brief) : _____

NOTES :

- Sl. No. 4 Sales in Rupees in Lakhs excluding excise duty & sales tax.
Sl. No. 5 & 6 Actual production & installed capacity in tonnes
Sl. No. 8 No. & type of Furnaces e.g. two Nos. Regenerative/ end fired furnaces.
Sl. No.10 No. & type of machines e.g. two nos. I.S. Eight, four nos. I.S. Six machines etc.
Sl. No. 11 Full details of products manufactured incl. colour of glass e.g. Amber Glass Bottles etc.
Size _____ to _____ ml.,
Float / Sheet Glass in thickness _____ to _____ mm.etc.

**THE PROFORMA DULY COMPLETED MAY PLEASE BE SENT
TO SECRETARY, AIGMF AT THE ABOVE ADDRESS.**