



Registration Form for Indigenous Vendor

(To be filled in by the Vendor)

Approval Desired for Process / item (Rating /Size/Type) :

(To be filled in by the Vendor)

COMPANY DETAILS

1. Name of Company :

2. Address of Regd. Office :

Tel _____

Fax _____

e-mail _____

Mobile _____

3. Address of Factory/Works :

Tel _____

Fax _____

e-mail _____

Mobile _____

Weekly off day

4. Branch/Liaison office in Delhi/Other Metro Cities :

Tel _____

Fax _____

e-mail _____

Mobile _____

Weekly off day

5. Person(s) to be contacted

Place

Name(s)

Official Capacity

Telephone No (s)

Regd. Off.

Factory

Branch/

Liaison Off.

6. Nature of Company : Proprietary/Partnership/Pvt. Ltd./Public Ltd.

Works Details : :

7. Year of Factory Establishment :

8. Year of Commencement of Manufacture :

9A. Total Area :

9B. Covered Area :

10. Electric Power-Connected Load :

Electric Power-Standby Load & System

11. Finance Total Capital :

- Annual Turnover & Profit for past Three years

Year			
Turnover			
Profit / Loss			

- Limit of Credit Facility available from the Banks

Bank Name			
-----------	--	--	--

12. Do you have in-house Department for :

- a) Design Yes/No
- b) Research & Development Yes/No
- c) Manufacturing/Production Yes/No
- d) Quality control/Inspection Yes/No
- e) Clearance from pollution dept. Yes/No
- f) Logistics / Warehouse Yes/No

13. Shiftwise Productions :

14. Details regarding Employees :						
Division Status	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Technical				
Production						
Quality Control						
Supporting Activities						

Please enclose a copy of company's organisation chart (for the unit)

Trade Name of Product (if any) :

15. Manufacturing capacity details :

Sl. No.	Product	Licensed Capacity	Installed Capacity

16. Number of items manufactured

Sr. No.	Code if any	Item & Material	Description (Type/Size/Rating)	Annual Production lot last Three years		
				I	II	III

17. Have you been approved by any third party/statutory agency? If so, indicate details and enclosed copies of approval letters.

Sl. No.	Item/ Material	Description (Size, Type & Class)	Agency	Date of Approval	Next Due Date

18. Reference list (Experience in the particular type of equipment) :

Sl. No.	Item/ Material	Type & Capacity	Customer (End User) with Address	Date of Supply	Under Operation or to be installed

19. Details of foreign collaboration, if any :

Sl. No.	Product	Name & Address of Collaborator	Collaboration		
			Scope	Year	Valid upto

20. Have your product been type tested by any external agency? If so, give details :

Sl. No.	Product	Test (Size, Type & Class)	Test Report No. & Date	Next Due Date

21. Indicate Approval/Certification by National International standards/agencies applicable for the Subject product.

Sl. No.	Product	Standard	Licence No. & Date

22 (a). Specific to process & product facilities :

Sl. No.	Description of machine	Capacity & Nos.	Location Shop	Make	Year of Mfg.

22 (b). Other / General facilities :

Sl. No.	Description of machine	Capacity & Nos.	Location Shop	Make	Year of Mfg.
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

23 (a) Facilities for Testing & Inspection.

Sl. No.	Description	Capacity & Nos.	Make of Machine	Calibration Date	Approval Qualification

23 (b) If In-house testing facilities are not available, indicate service of testing with relevance data

Sl. No.	Source of Testing	Description	Capacity & Nos.	make & year of Mfg.	Calibration Status	Approval Qualification

24. Source of Raw Materials (including imported raw materials) :

a) Type

Source

b) Raw material storage & identification

25. No. of PCs available with internet Connectivity at works :

26. Quality management

27.1. General

27.1.1. Organisation Chart of Quality Management : Attached : (Y/N)

- 27.1.2. Head of QC Department reports to :
- 27.1.3. Do you have a written Quality Control Instruction Manual? If yes, please furnish a copy of the same.
- 27.1.4. Have written Quality Control Instruction sheets been prepared and properly used?
- 27.1.5. Are records generated during inspection maintained & available for review?
- 27.1.6. Are final inspection area have adequately lighted & of suitable size?
- 27.1.7. Are written procedure defining stage wise operations and functions on shop floor established and followed?
- 27.1.8. Are quality control checks adequate to maintain desired quality right from initial to final operation?
- 27.1.9. Whether 100% of adequate sampling inspection used?
- 27.1.10. Are statistical quality control techniques used?
- 27.2. Corrective Action
- 27.2.1. Does the system provide proper detection of inferior quality and causes?
- 27.2.2. Is adequate action taken to access the causes of defects in products?
- 27.2.3. Are analysis made to identify trends towards product deficiencies?
- 27.2.4. Does corrective action extends to products?
- 27.3. Documentation Control
- 27.3.1. Does a system for clear and precise stipulation of responsibilities for documentation issue & change control exists?
- 27.3.2. Are changes made in writing?
- 27.4. Control of Inspection, measuring & Testing equipments
- 27.4.1. Are necessary gauges, testing and measuring equipments, available and used?
- 27.4.2. Are testing and measuring equipment properly maintained?
- 27.4.3. Is recorded control on calibration of equipment available
- 27.5. Control of procured supplies & Services
- 27.5.1. Do the vendor /sub-Supplier's purchasing documents refer to specific design manufacturing and testing requirements?
- 27.5.2. Do purchasing documents also contain special requirements?
- 27.5.3. Are requirements for necessary test and inspection of raw material specified in purchasing documents ?
28. CONSISTENCY IN SUPPLY
- 28.1. Has the vendor ever produced items of similar nature in past?



- 28.2. Has the vendor/sub-Supplier maintained delivery commitments in past?
- 28.3. Has there been frequent labour trouble in past?
- 28.4. Has there been any faulty material management?
- 28.5. Whether there been preparing and scheduling resilient enough to overcome setbacks and make-up lost time?
- 28.6. Can the vendor/sub-Supplier quickly off load the work to other reliable subvendors?
If Yes, the name of sub-vendors :
- 29. Order booking procedure in terms of :
 - a) Value
 - b) Time
- 30. Any special interm upon
- 31. I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SEAL

SIGNATURE _____

NAME _____

DESIGNATION _____

M/S. _____

PLACE _____

DATE _____

REMARKS Please attach a separate cover sheet for list of enclosures:-

Please do not write below this line

32.	Certification by verifying team : Above information have been verified and found in order / minor changes which have been marked and initialed on this form itself / observed the following discrepancies.
-----	--

Name :	Designation :	Signature :	Date :
--------	---------------	-------------	--------

- | | |
|----|--|
| 1. | |
| 2. | |