

Regn. No. :

Category : Manufacturing/Agent/Civil contractor/Logistic/Fabrication /Inspection Agency /Others.

Item Description:

1. GENERAL:

1.1 Type of Company/Service

- Sole Proprietor Stocklist
 Partnership Distributor/Dealers
 Private Limited Trader
 Public Limited Others
 Public Sector / Jr. Sector

1.2 Name of the Company/Service _____

1.3 Year of Commencement _____

1.4 Name of the Promoter. _____

1.5 Address for Correspondence _____

Contact Person & Cell No _____

Telephones, email Id _____

Work Address _____

Telephone, e-mail address _____

Web site address _____

Contact Person & Cell No _____

1.6 Organisation Strength

Managers		Design & Development	
Engineers		Quality Engineer	
		HSE Engineer	
Supervisors		Finance Account	
Skilled		Admin	
Semi-Skilled		If any.....	
Others			
		Total	

1.7 Year of Starting Business _____

1.8 Are you an Associate Companies: (if yes provide Authorized letter)

Yes No

1.9 Are you and Dealer/Distributor (Provide Authorization letter)

Yes No

1.10 Statutory and regulatory compliance if any:

1.11. Legal Comments If any:

1.12 Environment & Safety Compliance if any:

2. Financial and commercial:

2.1 Turnover for current and last 3 years
Year **Rs. In Lakhs**
Current Year 20 & _____
(Last Three Years) _____

2.2 Name of the Banker and Address _____

2.3 E.C.C. Number _____

2.4 GST No. _____

2.5 PAN No. _____

2.6 Company Registration Number _____

2.7 Copy of Income Tax Clearance Certificate.....

2.8 Last 3 years balance sheet (Enclosed) 1st Year.....

2nd Year

3rd Year

3. MANUFACTURE / TECHNICAL FACILITIES:

3.1 List of Plant and Machinery Enclose Details
Installed with capacity and rating (Attach separate Sheet)

3.2 Do you have captive power Yes No
if YES - Capacity _____

3.3 Shop floor Particulars - Covered area _____
Open area _____

3.4 Details of facilities available for Manufacturing and Production (Enclosed)

3.5 Range /Capacity _____

3.6 Details of Qualified Welders (if applicable) _____

3.7 What is the experience of the vendor?
in Heavy Engg. Fabrication / manufacture?
(Details of orders carried out and type
of materials handled) _____

3.8 Preservation of raw material, identification and traceability
of material ,identified to prevent the use of wrong material .
Documented procedure for material, Accounting are facilities available for
collection and delivery of material

4. QUALITY CONTROL ACTIVITIES:

4.1 Is there a separate section responsible
for Quality Control. Yes No

4.2 Whether there is a documented
Quality System available? Yes No

4.3 Are Reference standards available? Yes No

4.4 Are you an ISO-9000/ISO-14001/ISO 45001 Certified?
Company? If so, provide details Yes No

4.5 Particulars of Inspection and
Testing equipment. Enclose Details

4.6 Are measuring Instruments/Gauges and measuring
Calibrated at regular intervals? Yes No

4.7 What is the Average Rejection level in
Your production for the past 3 year's _____

4.8 Give details of testing facilities (Enclose a copy) _____

4.9 Do you redirect your work to Sub-contractors? If so, what is the Control over subcontractors? _____

4.10 How do you assure Quality of work from subcontractors ? _____

4.11 What is the procedure adapted by you for checking Quality of work from subcontractors _____

4.12 Nature of Activities –Third Party inspection
Fabrication/Machining/Erection/Commissioning/
Testing/ calibration _____

4.13 Codes & Standards followed _____

4.14 Any Quality plan for the manufacture of the product seeking registration last 3 years _____

4.15 Approval of Quality Plan from Third party
Such as LRIS/BHEL/EIL/NTPC etc _____

4.16 What is the customer complaint level for the last 3 years?

First Year

Second Year

Third Year

5. HEALTH & SAFETY

- Do you have Health & Safety policy? – If yes please attach a copy.

Yes No. If yes, _____

- A person, who is responsible for Health & Safety Management System in your organisation?

Yes No. If yes, _____

- What is the procedure followed for Health & Safety Management System in your organisation?
 Yes No. If yes, _____
- How you completed with your local legal Health & Safety regulations in the last 12 months?
 Yes No. If yes, _____
- Do you have Health & Safety objectives for the current years?
 Yes No. If yes, _____
- Do you have Health & Safety training for the year?
 Yes No. If yes, _____
- Do you have a plan how to minimize your potential hazards in your organisation?
 Yes No. If yes, _____
- Has your organization served with any prosecutions by Directorate of Industrial Safety or similar bodies in the past 3 years?
 Yes No. If yes, _____
- Do you have any Risk Reduction program in your process / project management system?
 Yes No. If yes, _____
- What procedure that your organization follows for Hazard Identification & Risk Assessment in your process / project?
 Yes No. If yes, _____
- What is the Health & Safety incident level for the last 3 years?
First Year
Second Year
Third Year

6. ENVIRONMENT:

- Do you have an Environmental policy? – If yes please attach a copy.

Yes No. If yes, _____

- A person, who is responsible for Environment Management System in your organisation?

Yes No. If yes, _____

- What is the procedure followed for Environmental Management System in your organisation?

Yes No. If yes, _____

- How you completed with your local legal environmental regulations is the last 12 months?

Yes No. If yes, _____

- Do you have environmental objectives for the current years?

Yes No. If yes, _____

- Do you have environmental training for the year?

Yes No. If yes, _____

- Do you have a plan how to minimize your significant environment impacts in your organisation?

Yes No. If yes, _____

- Has your organization served with any prosecutions by pollution control board or similar bodies in the past 3 years?

Yes No. If yes, _____

- Do you have any recycle, reduce, and reuse system in your materials management system?

Yes No. If yes, _____

- What procedure that your organization follows for waste Management / Disposal?

Yes No. If yes, _____

- What is the Environmental incident level for the last 3 years?

First Year

Second Year

Third Year

7. Attach relevant documents with separate sheet:

Company Profile.		Current year balance sheet	
Company Registration.		Dealer Appointment	
PAN Card		Third party approval	
GST Certificate		Manufacturing facility	
Cancelled Cheque		Branch list	
ISO certificate		List of Plant & Machinery	
ISI Certification		Quality measuring instruments	
Client List		Relevant Po Copies	
Organization chart		QAP & TCS by reputed TPI	

Place : _____ Signature : _____

Date : _____ Name of Signatory : _____

Note:

- Attach separate sheets wherever necessary.
- Inform immediately in case of any change in the information furnished here.
- Please fill up the Annexure attached.

FOR OFFICE USE (SEPC)

1. Name of QC /QA TPI engineer who made assessment at vendor place

2. Rating of the Vender : 1. Excellent 2. Good.
3. Average 4. Poor

Remarks after Assessment :

3. Approved / Rejected :
With Comments

HEAD-Quality
(Authorised Signatory)

4. Approved / Rejected :
With Comments

HEAD-Project
(Authorised Signatory)

HEAD-Purchase
(Authorised Signatory)

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