


VENDOR APPRAISAL FORM

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	REGISTRATION FORM NO. : PN00-VAF-XXXXX- DT.: (XXXXX – Unique Sl. No. to be indicated by Vendor)
1.	SUPPLIER'S REF :
2.	NAME OF THE FIRM
	(SALES/MARKETING OFFICE ADDRESS)
	TELEPHONE NO.
	MOBILE NO.
	TELEFAX NO.
	E-MAIL ID
	CONTACT PERSON/DESIGNATION
	WEBSITE
3.A	HEAD OFFICE
	ADDRESS
	TELEPHONE NO.
	MOBILE NO.
	TELEFAX NO.
	E-MAIL ID
	CONTACT PERSON/DESIGNATION
3.B	WORKS
	ADDRESS
	TELEPHONE NO.
	MOBILE NO.
	TELEFAX NO.
	E-MAIL ID
	CONTACT PERSON/DESIGNATION

4.0	LIST OF ITEMS FOR WHICH REGISTRATION SOUGHT:		
	SL.NO.	ITEM CATEGORY (REFER ANNEXURE-I)	ITEM DESCRIPTION
4.1	MANUFACTURING RANGE OF EACH ITEM DESCRIPTION INDICATED AT 4.0 ABOVE:		
	ITEM DESCRIPTION INDICATED AT 4.0 ABOVE	SUPPLIED TILL DATE (CAPACITY, RANGE ETC.)	CAN SUPPLY (MAX. CAPACITY, RANGE ETC.)
5.	STATUS OF FIRM		
A	MANUFACTURER		
	TRADER		
B	PROPRIETERSHIP		
	PARTNERSHIP		
	LIMITED COMPANY		
C	REGISTERED UNDER FACTORIES ACT		
	REGISTERED UNDER COMPANY ACT		
	INDICATE REGN. NO.		
D	REGISTERED UNDER NSIC		
	INDICATE REGN. NO.		
E	GSTIN NO.		
F	ESI REGISTRATION NO.		
G	NAME OF DIRECTORS		
	NAME OF PARTNERS		
	NAME OF OWNERS		
H	YEAR OF ESTABLISHMENT		
I	YEAR OF COMMENCEMENT OF MANUFACTURE		
J	NAME OF COLLABRATOR(S)&COUNTRY		
	TYPE OF COLLABRATION		
	PRODUCTS COVERED		
K	REFERENCE LIST OF MAJOR CUSTOMERS FOR WHOM YOU HAVE WORKED IN THE PAST FIVE YEARS		
	HIGHLIGHTING THE FOLLOWING :		
	CLIENT		
	PROJECT		
	SITE LOCATION		
	P.O. NO. & DATE		
	ITEM DESCRIPTIONS WITH		
	TECHNICAL PARAMETERS		
	QTY		
	ORDER VALUE		
	INSPECTION AUTHORITY		
	CONTRACTUAL DELIVERY DATE		
	ACTUAL DELIVERY DATE		
	REASONS FOR DELAY (IF ANY)		
	ALSO ATTACH LETTERS OF CREDENTIALS/COPY OF WORK ORDERS & COMPLETION CERTIFICATE		
	EXPORTS		YES/NO
L	NAME OF KEY PERSONNEL		
	DESIGNATION		

	QUALIFICATION				
	EXPERIENCE OF KEY PERSONNEL (PLEASE ENCLOSE ORGANOGRAM)				
M	NO. OF EMPLOYEES				
	PLEASE INDICATE : CATEGORY AND NUMBER OF EMPLOYEES ON ROLL & ON CONTRACT IN EACH DEPARTMENT				
N	DAYS LOST DUE TO LABOUR/ UNREST/STRIKE(PLEASE INDICATE PERIOD)				
O	NAMES OF YOUR OTHER ASSOCIATE COMPANIES				
6.	ANNUAL TURNOVER & NET PROFIT / LOSS FOR THE LAST 3 YEARS	YEAR	TURNOVER (Rs. In lakhs)	NET PROFIT (Rs. In lakhs)	NET WORTH (Rs. In lakhs)
7.	MAX. SINGLE ORDER VALUE EXECUTED				
8.	BANKER'S NAME & ADDRESS				
9.	DESIGN, ENGG, MANUFACTURING & TESTING FACILITIES :				
A	RESOURCES EMPLOYED :	DESIGN OFFICE	SHOP FLOOR	QUALITY CONTROL	OTHERS
I)	ENGINEERS				
II)	OTHER EXECUTIVES / DRAFTSMAN				
III)	SKILLED WORKMAN				
IV)	UN-SKILLED WORKMAN				
V)	COMPUTERS (HARDWARE)				
VI)	SOFTWARES				
B	DRAWING OFFICE FACILITIES OUTSIDE OR OWN ARRANGEMENT				
C	QUALITY CONTROL FACILITIES OUTSIDE OR OWN ARRANGEMENT				
D	EXTENT OF SUBCONTRACTING				
I)	IN PERCENTAGE				
II)	SUB-VENDOR ITEMS & SOURCES				
E	FACTORY AREA (PLEASE ENCLOSE LAYOUT, IF AVAILABLE)				
F	COVERED AREA				
G	RAILWAY SIDING, IF ANY				
10.	NAME OF STATUTORY / INDEPENDENT INSPECTION AGENCY UNDER WHOM YOU HAVE EXECUTED ORDERS				
11.	TECHNICAL				
I)	AVAILABILITY OF DESIGN, MANUFACTURING, TESTING CODES AND STANDARDS USED GIVE DETAILS SUCH AS :				
	CODES				
	STANDARDS				
	TITLE DATE				
II)	SYSTEM OF DESIGN / DRAWING PREPARATION. DETAILS OF :				
	HARDWARE USED				

III)	TYPE OF RAW MATERIAL HANDLED AND THEIR SOURCE (PLEASE SPECIFY MATERIAL SPECIFICATION GRADE)	
	NAME OF APPROVED VENDORS ETC.	
IV)	LIST OF MACHINERY / PRODUCTION EQUIPMENT INSTALLED WITH :	
	CAPACITY	
	PLEASE SPECIFY TYPE OF MACHINE MAKE & MODEL	
	MACHINE SPECIFICATION AND	
	CAPACITY OF JOB THAT IT CAN HANDLE, QTY AS APPLICABLE	
V)	WHETHER INDEPENDENT QC SECTION ESTABLISHED :	YES / NO
	PLEASE DESCRIBE DETAILS OF INSPECTION SET-UP	
	ATTACH REVELANT INSPECTION AND TEST PLANS	
	TEST PROCEDURES ETC.	
VI)	INSPECTION AND TEST EQUIPMENT PLEASE SPECIFY TYPE OF EQUIPMENT	
	MAKE AND MODEL	
	CAPACITY	
	RANGE	
	QTY	
	AS APPLICABLE	
VII)	HEAT TREATMENT FACILITY PLEASE GIVE DETAILS SUCH AS TYPE OF FURNACE	
	FUEL USED	
	SIZE OF THE JOB IT CAN HANDLE ETC.	
VIII)	MATERIAL STORAGE AND HANDLING FACILITY (PLEASE GIVE DETAILS)	
IX)	QA ACCREDITATION	YES / NO (ISO, YEAR))
	• ACCEREDITING BODY	
	• EXPIRY DATE	
	• ACCREDITATION SCOPE (ENCLOSE COPY OF QA PROGRAMME / QA MANUAL)	
X)	PRODUCT CERTIFICATION BY	YES / NO
	NATIONAL	
	INTERNATIONAL BODIES SUCH AS API, IS MONOGRAM,	
	ASME'U' STAMP ETC.	
XI)	WORKED WITH THIRD PARTY INSPECTION AGENCY / CONSULTANTS (PLEASE GIVE DETAILS).	
XII)	APPROVAL BY SATUTORY BODY-IBR / CCOE	
	ETC	
XIII)	CAPACITY OF CAPTIVE POWER PLANT	
	• CONNECTED LOAD.	
XIV)	RESOURCES FOR SITE FABRICATION INSTALLATION ETC. (PLEASE GIVE DETAILS OF WORK EXECUTED)	
	MACHINERY	
	MANPOWER	
	ETC.	

XV)	DETAILS OF TOOLS USED FOR PLANNING / SCHEDULING, DESIGN, PROCUREMENT, MANUFACTURING ACTIVITIES	
	PRIMAVERA	
	YOJANA	
	ETC.	
XVI)	ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO FURNISH REGARDING PRODUCTS	
	SERVICES OFFERED BY YOU	
12	ENCLOSURES SUBMITTED ALONG WITH APPLICATION :	TICK (√)
I)	DEMAND DRAFT AS PER CLAUSE-13	
II)	VENDOR APPRAISAL FROM DULY FILLED	
III)	PRODUCT CATALOGUES	
IV)	CERTIFIED LIST OF MACHINERIES INSTALLED IN YOUR FACTORY	
V)	LIST OF COMPUTERS AND SOFTWARE INSTALLED IN YOUR FACTORY	
VI)	QUALITY SYSTEM MANUAL	
VII)	BIS / ISO CERTIFICATES	
VIII)	ORGANISATION CHART	
IX)	LIST & ADDRESSES OF OTHER BRANCH OFFICES	
X)	PAN NO.	
XI)	CERTIFIED COPY OF BALANCE SHEET, PROFIT & LOSS A/C FOR LAST THREE FINANCIAL YEARS	
XII)	DOCUMENTRY EVIDENCE REGARDING COMPANY'S FINANCIAL STABILITY	
XIII)	REGISTRATION CERTIFICATE UNDER NSIC/UDYAM	
	FACTORIES ACT	
	COMPANIES ACT	
XIV)	COPY OF HSN CODE / SAC CODE NO.	
XV)	COPY OF GSTIN NO.	
XVI)	COPY OF APPROVAL LETTERS FROM VARIOUS ORGANISATIONS/STATUTORY BODIES	
XVII)	COPY OF WORKS ASSESSMENT OF OTHER CONSULTANTS, TDC, LLOYDS, TUV, BV ETC.	
XVIII)	SUPPLY RECORD FOR LAST FIVE YEARS ALONG WITH COPY OF MAJOR ORDERS.	
XIX)	COPY OF PURCHASE ORDER OF MAX. ORDER VALUE EXECUTED.	
XX)	MEMORANDUM AND ARTICLES OF ASSOCIATION.	
XXI)	REGISTRATION FEE (NON-REFUNDABLE)	
	SIGNATURE NAME OF AUTHORISED PERSONNEL DESIGNATION COMPANY'S SEAL	
NOTE: PUT ANNEXURES WHERE SPACE IS INSUFFICIENT		