

SERIAL NO: 0001

VENDOR CODE :
DATE OF RECEIPT :
DATE OF ENLISTING :

“SUPPLIER INFORMATION-CUM-REGISTRATION FORM”

(To be furnished in duplicate in a File or Folder)

(Use additional sheets wherever space provided are inadequate)

1) GENERAL INFORMATION:

1.1	Name of the Organization in Full	:	
1.2	Address of the Registered Office with following details		
	Telephone Number/s	:	
	Grams	:	
	Telex Number	:	
	Telefax Number	:	
	Email ID	:	
1.3	Factory / Manufacturing Unit location and address	:	
	Telephone Number	:	
	Grams	:	
	Telex Number	:	
	Telefax Number	:	
	Email ID	:	

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1.4	a) Classification of the Firm Large / Medium / Small Scale b) Agency / Dealer / Distributor / Stockiest / Proprietorship / Partnership	:	Medium
1.5	Year of inception	:	
1.6	a) Sales Tax Registration Number b) Central Excise Licence Number c) ECC Number d) Sales tax No. (TIN) e) PAN / GIR No.	:	
1.7	End products manufactured or product dealt (attach relevant certificates from the manufacturers for authorizing the above)	:	
1.8	How do you introduce new products (Please specify in detail)	:	
1.9	Present manufacturing capacity	:	
1.10	Future expansion plans if any	:	
1.11	What are the typical problems your organization faced regarding – a) Management b) Vendor Development	:	
1.12	If covered under Source / Type Approval by External Agencies like Department of Telecommunication, attach photocopy of the certificate / s	:	

2) FINANCIAL DETAILS:

2.1	Total investment at the time of establishing the firm	:	
2.2	Total value of your present fixed assets including plant and machinery	:	
2.3	Total Annual Sales Turnover of your firm during the last three years	:	
2.4	Projected Sales Turnover for the current year	:	
2.5	Capacity utilization during last three years	:	
2.6	Name and Address of your Banker	:	
	Your Account Number	:	
	Swift Code	:	

3) ORGANIZATIONAL DETAILS:

3.1	Name and address of the Owners / Partners / Directors of your Firm	:	
3.2	Total Organization manpower details	:	
	a) Administration & Commercial	:	
	b) Engineering & Technical	:	
	c) Manufacturing	:	
	d) Quality Assurance	:	
	e) Others	:	
3.3	Name and Designation of the Unit Head	:	

Contd.....4/-

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3.4	Executives to be contacted (Name and Designation, at least three references including their residential numbers (if any) r	:	Designation	Direct & Cell Tel #	Residential Telephone
3.5	Whether the Head of Quality function reports to the Unit Chief (if not, to whom does he report)	:			
3.6	Please furnish details of after sales service / customer support facilities extended by you including references of personnel	:			
3.7	Weekly off for <ul style="list-style-type: none">▪ Works▪ Office	:			
3.8	Address for sending the Purchase Orders, Cheques, DDs etc.	:			
3.9	What are your Organization Objectives	:			
3.10	What is the importance attached to our Organization, Please specify clearly	:			

4) QUALITY DETAILS:

4.1	Whether Statistical Quality Control techniques are used (if yes, please elaborate)	:			
4.2	Is there a system for demonstration control? If yes, please elaborate	:			

Contd.....5/-

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4.3	Do you have any production constraints like water, power, environmental protection, safety hazards	:	
4.4	Do you have any stand by arrangements for power	:	
4.5	Whether you can quickly off-load the work	:	
4.6	How do you assess your suppliers	:	
4.7	How do you assess your Raw material suppliers	:	
4.8	Are you certified under ISO-9001:2000 systems? If yes, who are your certifying authorities and send us a photocopy of certificate along with a photocopy of your Quality Manual	:	

5) PRODUCT DETAILS:

5.1	Details of machinery and other equipments (Use additional sheets if necessary)		:			
	SL.NO.	DESCRIPTION	CAPACITY	MAKE		NOS.
				Name	Year	
5.2	Product Range / Materials / Items offered. (This column should compulsorily be answered)		:			
	SL.NO.	MATERIAL DESCRIPTION INCL. SIZE	GRADE & SPECIFICATION	LEAD-TIME REQUIRED	REMARKS	
	1					
	2					
5.3	What are the sources of your Raw Materials		:	<u>Items</u>		<u>Sources</u>

Contd.....6/-

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5.4	Details of manufacturing facilities at your end	:	
5.5	What are the testing facilities available / made use for the following: <ul style="list-style-type: none">▪ Incoming Materials▪ In-process Materials▪ Finished Goods	:	well equipped laboratory carried out all the test as per standards.
5.6	Please indicate which testing standards are followed at your end	:	
5.7	Do you have a separate packing department? If yes, please specify type of packing and packing details / identification	:	
5.8	List of your Major Customs for the last three years, Please indicate: <ul style="list-style-type: none">a) Customerb) Description of Materialsc) Quantityd) Value	:	
5.9	Any other information you would like to provide	:	
5.10	Transporter you recommend. Preferably indicate the percentage of share of business you off-load	:	

NOTE:

- A. Please furnish at-least one copy of your latest Annual Report
- B. Please enclose two sets of your Product Catalogues, Technical Literature / Brochures.
- C. Photocopy of the ISO 9001:2000 Certifying Agency including one Uncontrolled copy of your Quality Manual
- D. All questions (if applicable) should be compulsorily answered depending upon the merits. These shall be beneficial and will be a determining factor in placing our future orders on you.
- E. All information provided above are for our Quality records and shall be kept strictly CONFIDENTIAL.

Contd....7/-

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DECLARATION

1. I declare that the information furnished above is correct to the best of my knowledge.
2. In the event that the above information are found incorrect, we do understand that the future orders on us may be stopped without prior intimation.
3. I do undertake to inform you at the earliest any changes in details mentioned above.

For and on behalf of

Place:
Date

Name :
Designation :-
Seal

F/M/0001
REV: 00