

INDIAN ORDNANCE FACTORIES
VENDOR REGISTRATION REQUEST FORM
 (To be filled by firm)

PART- I ADMINISTRATIVE INFORMATION

1. NAME OF THE COMPANY / VENDOR

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2. ADDRESS : A) REGD. OFFICE :

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PIN.....
 STD CODEPH.No.1.....
 Ph.No.2.....FAX.....
 EmailMOBILE.....

B) WORKS / FACTORY

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PIN.....
 STD CODEPH.No.1.....
 Ph.No.2.....FAX.....
 EmailMOBILE.....

(in case of works at more than one location, a separate sheet to be attached for page 1 only)

3. ADDRESS OF LOCAL BRANCH / BRANCH OFFICE/ SOLE SELLING AGENT (IF ANY)

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PIN.....
 STD CODEPH.No.1.....
 Ph.No.2.....FAX.....
 EmailMOBILE.....

4. DATE OF INCORPORATION OF THE COMPANY / COMMENCEMENT OF PRODUCTION

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5. NATURE OF COMPANY

(Attach relevant copies of incorporation / partnership deed / Registration of Enterprise)

- a) Proprietary
- b) Pvt. Limited
- c) P.S.U
- d) Partnership

6. CATEGORY OF INDUSTRY

- a) Large scale
- b) Medium scale
- c) Small scale

(Attach relevant registration documents)

7. DETAILS OF REGISTRATION WITH(Attach relevant copies of registration certificate)

- a) NSIC/SSI
- b) DGS&D
- c) DGQA
- d) OTHER DEFENCE DEPARTMENTS
- e) ANY OTHER ORD.FYS FOR DIFFERENT PRODUCT

8. NAME OF PROPRIETOR /M.D/PARTNER

NAME

ADDRESS.....

.....PIN STD CODE

.....PH.No.1.....Ph.No.2.....

FAX.....EmailMOBILE.....

9. NATURE OF BUSINESS

- a. Manufacturing
- b. Sole selling/ authorized agent
- c. Trader/Dealer/Processor/Repacker

10. DETAILS OF CURRENT PRODUCTS & SERVICES

SL.NO	TYPE	DESCRIPTION	LICENSED/INSTALLED RANGE/CAPACITY	ANNUAL PRODUCTION FOR PRECEDING TWO YEARS

(ATTACH PRODUCT LITERATURE & LEAFLET, IF AVAILABLE)

11. DETAILS OF TECHNICAL COLLABORATIONS (FOREIGN OR INDIGENOUS)

SL.NO.	PRODUCT	NAME & ADDRESS OF COLLABORATOR	YEAR	CURRENT OR NOT

12. DETAILS OF MAJOR CUSTOMER ALONGWITH LIST OF ITEMS SUPPLIED TO INDIVIDUAL CUSTOMER

SL.NO.	NAME & ADDRESS	PRODUCT APPLIED	S.O.NO. & DTAE	DATE OF LAST SUPPLY	VALUE

PART – II FINANCIAL INFORMATION

13. i. NAME OF BANKERS & ACCOUNT NOS. AND ADDRESS (with phone No. STD code, pin, fax & email)

- PRINCIPAL BANKER
- TYPE OF ACCOUNT
- ACCOUNT No.
- CREDIT & OVERDRAFT FACILITY & LIMIT

ii. TAN DETAILS

- TAN NO.
- ADDRESS OF ASSESSING I.T.O.

14. INCOME TAX RETURNS FOR THREE YEARS

15. VALID LICENSE FOR PRODUCTION

- LICENSE NO.
- DETAILS OF LICENSING AUTHORITY
- VALIDITY PERIOD
- VALID FOR PRODUCTS

16. VALID EXCISE REGISTRATION NUMBER

17. VALID STATE / VAT / CENTRAL SALES TAX REGISTRATION CERTIFICATE

18. OWNERSHIP OF FACTORY LAND & BUILDING COMPANY: OWNED / RENTED

(Attach proof of ownership, Agreement detailed site plan of layout of premises clearly depicting areas Eg. Production areas (Aprox location of plant / machinery stores, Bond Room, inspection etc. also indicate boundary wall)

- PRODUCTION AREA
- BOND ROOM AREA
- INSPECTION ROOM AREA
- STORAGE AREA
- OVERALL AREA

19. INDICATE ANNUAL TURN OVER / SALES FOR LAST THREE YEARS AND PRESENT NET WORTH OF THE FIRM & STATUS OF ORDERS IN HAND

20. AUDITED BALANCE SHEET & PROFIT & LOSS A/C FOR LAST THREE YEARS AND TOTAL ACCUMULATED LOSSES IF ANY

21. VALUE OF CAPITAL EMPLOYED

22. VALUE OF CURRENT ASSETS (AS PER BALANCE SHEET)

23. VALUE OF CURRENT LIABILITIES (AS PER BALANCE SHEET)

24. DETAILS OF HYPOTHECATION

25. RELEVANT INFORMATIONS WITH COMPLETE DETAILS ABOUT SISTER CONCERNS SUBSIDIARIES, IF ANY

26. SOURCE OF FINANCE WITH BORROWING LIMIT AND BANK GUARANTEE

27. WHETHER EVER FILED OR PETITION FOR BANK CURRUPCY OR RE – ORGANISATION?

28. WHETHER DEBARRED FROM GOVERNMENT CONTRACTS / ORDNANCE FACTORIES?

29. WHETHER TERMINATED FOR CONTRACT NON – PERFORMANCE ?
30. WHETHER CHANGED FIRMS NAME IN LAST 5 YEARS (If yes details of previous name registration No. & Address)

PART- III TECHNICAL

31. TOTAL AREA OF FACTORY PREMISES :

TOTAL AREA (Sqr. Mtr.) `	COVERED (Area/floor area No. of Rooms) (Sqr. Mtr.)	BOND SPACE (Sqr. Mtr.)
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32. DETAILS OF ELECTRIC POWER

- a. SANCTIONED.....
- b. INSTALLED
- c. STAND BY ARRANGEMENT OF POWER
- (INDICATE CAPACITY OF GENERATOR)

33. DETAILS OF MANPOWER EMPLOYED

- | | |
|------------------------|-------------------|
| a. TECHNICAL | b. ADMINISTRATIVE |
| MANAGERIAL..... | SUPERVISORY..... |
| ASST/CLERICAL | |
| LAB. TECHNICIANS..... | |
| LABOURERS SKILLED..... | |
| TOTAL | TOTAL..... |
- c. EMPLOYEES WITH DEGREE QUALIFICATION IN TECHNOLOGY/ ENGG
- d. EMPLOYEES WITH DIPLOMA QUALIFICATION IN ENGG.
- e. EMPLOYEES WITH I.T.I DIPLOMA IN ANY ENGG. TRADE

34. a. DETAILS OF DEFENCE STORES FOR WHICH REGISTRATION IS SOUGHT

SL.NO,	NOMENCLATURE	SPECN.NO.	PRODUCTION CAPACITY
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(in case of more items, attach separate sheet)

35. a. DETAILS OF BOUGHT OUT ITEMS (Component/ Sub Assy / Assy / Processes) FROM SUB CONTRACTORS (Attach copies of agreements, if any)

S.NO.	MAIN EQPT.	Component/ Sub Assy / Processes	NAME & ADDRESS OF THE SUB CONTRACTOR
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b. DETAILS OF TESTING / QUALITY CONTROL DONE BY SUB – CONTRACTORS

(Attach copies of agreements where applicable)

S.NO	MAIN EQPT.	DETAILS OF TEST	NAME & ADDRESS OF THE SUB CONTRACTOR / LABORATORY	AGREEMENT (IF ANY)
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36. DETAIL OF IMPORTANT FACILITIES & INFRASTRUCTURE AS PER FOLLOWING FORMAT:

- a. PRODUCTION (including Heat treatment, Dies, jigs & fixtures, spinning , weaving, wet processing, printing etc. details are to be furnished on type / make of plant, licensed capacity & installed capacity etc.)

b. SPECIAL PURPOSE M/C (Like NC, EDM), CAD/CAM, ROBOT etc)

SL.NO.	DESCRIPTION OF M/C & SPECN	MAKE & MODEL	QTY	DATE OF PURCHASE	APPROX COST	PERCENTAGE DEPRECIATION PER YEAR

C. TOOL ROOM, METROLOGY & TEST EQUIPMENT & FACILITIES

SL.NO.	TYPE OF INST, GUAGES TEST EQPT.	MAKE & MODEL	QTY	DATE OF PURCHASE / CALIBRATION	FREQUENCY FOR CALIBRATION	APPROX COST

37. DETAILS OF ITEMS PRODUCED IN LAST 3 YEARS

NAME OF PRODUCT	YEAR OF FIRST MFG	PRODUCTION IN LAST 3 YEARS YEAR QTY SUPPLIES TO

38. INDIVIDUAL FLOW PROCESS CHART OF ALL THE ITEMS FOR WHICH REGISTRATION IS REQD. TO BE FURNISHED (ATTACH SEPARATE SHEET OF EACH ITEM)

39. BASIS OF ESTIMATED PRODUCTION CAPACITY IN RESPECT ITEMS FOR WHICH REGISTRATION IS REQUIRED

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40. SOURCE OF RAW MATERIAL FOR EACH OF ABOVE ITEMS
(Attach copies of agreements, if any)

ITEMS	BASIC RAW MATERIAL	SOURCE (INDIGENOUS / IMPORTED)	NAMES OF MAJOR RAW MATERIAL SUPPLIERS

41. DETAILS OF INSPECTION & QUALITY CONTROL OF FACILITIES

a. LAB. EQUIPMENT & NO. OF TRAINED TECH. IN LAB

b. IS THE LAB ACCREDITED BY N.A.B.L

c. VALID UPTO

d. TYPE OF LAB

e. ASSISTANCE FROM OR DEPENDENCE ON ANY CENTRAL AGENCY FOR TESTING / CALIBRATIONS ETC. (furnish details)

IS COMPANY ISO 9001:2000 CERTIFIED (IF YES GIVE DETAILS)

f. DATE OF CERTIFICATION

g. CERTIFYING BODY

h. LAST AUDITED ON

i. VALID UPTO

42. DETAILS OF R& D FACILITIES AVAILABLE

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43. FUTURE PLAN IF NAY, IN RESPECT OF EXPANSION PROGRAMME / INSTALLATION OF
ADDITIONAL MACHINES /FACILITIES & TESTING EQUIPMENT ETC.

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44. A. DETAILS OF OUTSOURCING OF FACILITIES OF PRODUCTION OR PROCESSING FROM SUB.
CONTRACTOR (GIVE ITEMS WISE OUTSOURCED FACILITY & ATTACH COPIES OF
AGREEMENT)

SL.NO.	MAIN STORE	FACILITY / PROCESS	NAME & ADDRESS OF SUB CONTRACTOR

B. DETAILS OF CAPACITY OF SUB CONTRACTOR IN RESPECT OF AREAS OF SUB CONTRACTING

SL.NO.	MAIN STORE	DETAILS OF TESTS	NAME & ADDRESS OF SUB CONTRACTOR

45. ATTACH COPY OF VALID POLLUTION CLEARANCE CERTIFICATE FROM DESIGNATED
STATUTORY AUTHORITY

46. COMPANY BROCHURE / CATALOGUE AND LITERATURE TO BE ENCLOSED

NOTE:

1. KINDLY NUMBER OR CODIFY THE EXTRA SHEETS & ANNEXURES & ENSURE THAT DOCUMENTS ARE LINKED PROPERLY ACCORDING TO SL.NOS IN THIS PROFORMA.
2. WHEREVER SPACE IS INADEQUATE ATTACH EXTRA SHEETS WITH PROPER LINKING
3. ALL SHEETS OF PROFORMA AS WELL AS EXTRA SHEETS & ANNEXURE MUST BE SIGNED AND STAMPED BY VENDOR

DECLARATION

I/ we confirm that the information furnished in part I, II, III above are correct to the best of my knowledge & belief. In event of any information given by me/us is found in correct / false at any time, I/we understand our registration will be cancelled without notice, besides any other appropriate action against me/us

DATE

SIGNATURE (S)