



**SUB-SUPPLIER QUESTIONNAIRE**  
(To be filled in by the Proposed Sub Supplier)

Name of Equipment / Item / Process with Model/ Type/ Rating / Capacity/ Size/ Tonnage etc. (As applicable):

\_\_\_\_\_

1. Name of Proposed Sub-Supplier: \_\_\_\_\_

Website: \_\_\_\_\_

2. Address of Regd. Office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of contact person:

Name \_\_\_\_\_

Mobile no. \_\_\_\_\_

Desig. \_\_\_\_\_

E-mail:

3. Address of Works where Item is being manufactured

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of contact person:

Name \_\_\_\_\_

Mobile no. \_\_\_\_\_

Desig. \_\_\_\_\_

E-mail:

Weekly off day

4. Branch/ Liaison office in Delhi

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of contact person:

Name \_\_\_\_\_

Mobile no. \_\_\_\_\_

Desig. \_\_\_\_\_

E-mail:

5. Details of Proposed Works:

a. Year of Establishment of present works : \_\_\_\_\_

b. Year of Commencement of : \_\_\_\_\_



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Manufacturing at the above works

- c. Details of change in works address in past, if any : \_\_\_\_\_
- d.. Total Covered Area : \_\_\_\_\_
- e. Details of covered area like no. of sheds, : \_\_\_\_\_  
Area of each shed etc.
- f. Electric power- Connected load: \_\_\_\_\_  
Electric power- Stand by load & system: \_\_\_\_\_
6. **Annual Turnover & Profit in past three years** : \_\_\_\_\_  
: \_\_\_\_\_
7. **Do you have in-house Department for**
- a) Design Yes/No
- b) Research & Development Yes/No
- c) Quality control/Inspection Yes/No
- d) After Sales Service Yes/No
8. **Shift works per day** One/Two/Three
9. **Present Manpower Status:**

| Division Status             | Graduate  |               | Diploma | Skilled | Un-Skilled | Remarks |
|-----------------------------|-----------|---------------|---------|---------|------------|---------|
|                             | Technical | Non-Technical |         |         |            |         |
| Design                      |           |               |         |         |            |         |
| Production                  |           |               |         |         |            |         |
| Quality Control/ Inspection |           |               |         |         |            |         |
| After Sales Service         |           |               |         |         |            |         |

- a. Enclose organization chart of the proposed works. ( Y/N ) \_\_\_\_\_
- b Enclose Organization chart of QA / QC Deptt. (Y/N ) \_\_\_\_\_
- c. Enclose List of Qualified Welders with process etc. (Y/N) \_\_\_\_\_



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d. Enclose List of Qualified NDT personnel with area of specialization (Y/N) \_\_\_\_\_

10. Trade Name of Product (if any) : \_\_\_\_\_

11. Brief details of items manufactured :

| Sl. No. | Item & Material<br>(Type/Size/Rating/Model/<br>Tonnage , as applicable) | Installed<br>Capacity | Annual<br>Production<br>Capacity | Annual Production for last<br>Three years |    |     |
|---------|---|-----------------------|----------------------------------|---|----|-----|
|         |   |                       |                                  | I   | II | III |
|         |   |                       |                                  |   |    |     |

12. Details of foreign Collaboration, if any:

| Sl.<br>No. | Product | Name & Address of<br>Collaborator | Collaboration |      |               |
|------------|---------|-----------------------------------|---------------|------|---------------|
|            |         |                                   | Scope         | Year | Valid<br>upto |
|            |         |                                   |               |      |               |

13. Furnish Type Test report for the proposed product (if applicable). \_\_\_\_\_

14. Approval / Certification by National / International standards / accredited agency applicable for the proposed product (if applicable). \_\_\_\_\_

15. Furnish statutory/mandatory certification for the proposed product (if applicable). \_\_\_\_\_

16. Furnish supply Experience list of the proposed product. \_\_\_\_\_  
List shall include Item description, (Type/Size/Rating/Model/Tonnage, as applicable), Customer name, Quantity, Year of Supply, and Year of commissioning.

17. Enclose End User's operational feedback certificate for the proposed product. \_\_\_\_\_

18. Enclose list of equipment & machinery specific to the proposed product.

This should include name of equipment, capacity & nos. etc.: \_\_\_\_\_



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19. Enclose Process Flow Diagram indicating in-house & outsourced process. \_\_\_\_\_

20 General manufacturing facilities available:

| Sl. No. | Description of machine   | Inhouse  |     | Outsourced |     |
|---------|--|----------|-----|------------|-----|
|         |  | Capacity | No. | Capacity   | No. |
| a)      | Material Handling<br>Mobile Crane<br>Fork Lift<br>Over Head Cranes |          |     |            |     |
| b)      | Metal Cutting &<br>Bending   |          |     |            |     |
| c)      | Casting  |          |     |            |     |
| d)      | Forging  |          |     |            |     |
| e)      | Fabrication  |          |     |            |     |
| f)      | Welding  |          |     |            |     |
| g)      | Machining  |          |     |            |     |
| h)      | Heat Treatment   |          |     |            |     |
| i)      | Surface & Cleaning<br>Sand Blasting<br>Shot Blasting<br>Pickling   |          |     |            |     |
| j)      | Painting   |          |     |            |     |
| k)      | Metal Coating  |          |     |            |     |
| l)      | Packing  |          |     |            |     |
| m)      | Other, if any  |          |     |            |     |



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21. **Enclose Testing & Inspection facilities specific to the proposed product:**

- a. In-house \_\_\_\_\_
- b. Outsourced \_\_\_\_\_

22. **Storage of finished goods (covered / open).** \_\_\_\_\_

23 **Enclose list of the source / make with location of major raw material, bought out items and out sourced process** \_\_\_\_\_

24. **Quality management**

24.1 General

24.1.1. Work Instruction for different processes available. (Y/N).If yes, furnish list.  
\_\_\_\_\_

24.1.2. Evaluation system for raw material/bought out item's supplier is available. (Y/N)  
\_\_\_\_\_

24.1.3. Records generated during inspection maintained & available for review? (Y/N)  
\_\_\_\_\_

24.1.4 Statistical quality control techniques used? (Y/N) if yes please furnish details.  
\_\_\_\_\_

24.1.5 ISO certificate for the works available ? ( Y/N) if yes, enclose copy of the certificate \_\_\_\_\_

24,2 Corrective action

24.2.1 Specifically confirm whether System for identifying & disposition of Non Conformity in the process / product is available. (Y/N) \_\_\_\_\_

24.2.2 Specifically confirm whether System for Customer complains & their satisfactory disposal is available. (Y/N) \_\_\_\_\_

24.3. Documentation Control

24.2.1 Procedure available for documentation control (Y/N).

24.3. Control of Inspection, measuring & testing equipments.

24.3.1 Procedure for calibration of testing & measuring instrument available. (Y/N).

25. Any Special Information: \_\_\_\_\_



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26. I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SEAL

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

M/S. \_\_\_\_\_

DESIGNATION \_\_\_\_\_

PLACE \_\_\_\_\_

MOBILE NO \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE \_\_\_\_\_

LIST OF ENCLOSURE:

**Certification by Main Supplier:** 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 : \_\_\_\_\_

**NOTE :**

1. COLUMN SHALL NOT BE LEFT UNFILLED .IN CASE OF NOT APPLICABLE / NOT AVAILABLE, THE SAME SHALL BE INDICTED IN THE PROVIDED SPACE.
2. IN CASE PROVIDED SPACE IS NOT ADEQUATE, INFORMATION SHALL BE PROVIDED AS AN ATTACHMENT.
3. PRODUCT CATALOGUE FOR THE PROPOSED EQUIPMENTITEM/PROCESS,IF AVAILABLE, SHALL BE ENCLOSED