



**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):**

**Trade Name of Product (if any) : -NIL-**

1. **Name of Proposed Sub-Supplier:**

**Website:**

2. **Address of Regd. Office:**

**Details of contact person:**

Name:

Mobile no.

Desig.

E-mail:

3. **Branch/ Liaison office in Delhi/NCR**

**Details of contact person:**

Name \_\_\_\_\_

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

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

E-mail:

**Weekly off day** Sunday

4. **Address of Works where  
Item is being manufactured**

**Details of contact person:**

Name

Mobile no.

Desig.:

E-mail:



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**5. Details of Proposed Works:**

- a. Year of Establishment of present works :
- b. Year of Commencement of :  
Manufacturing at the above works
- c. Details of change in works address in past, if any :-nil-
- d.. TotalArea / 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
	Technica l	Non- Technical				
Design						
Production						
Quality Control/ Inspection						
After Sales Service						



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- a. Organization chart of the proposed works is enclosed as Annexure:
- b. Organization chart of QA / QC Deptt. is enclosed as Annexure:
- c. List of Qualified Welders with process etc. is enclosed as Annexure:
- d. List of Qualified NDT personnel with area of specialization is enclosed as Annexure:

**10. Brief details of items manufactured:**

Sl. No.	Item & Material (Type/Size/Rating/Model/ Capacity /Tonnage , as applicable)	Installed Capacity	Annual Production Capacity	Annual Production for last Three years		

**11. Details of foreign Collaboration, if any:**

Sl. No.	Product	Name & Address of Collaborator	Collaboration		
			Scope	Year	Valid upto
		-			

- 12. Type Test report for the proposed product (similar or higher rating )if applicable is enclosed as Annexure:
- 13 Approval / Certification by National / International standards / Accredited agency for the proposed product (if applicable) is enclosed as Annexure:
- 14. Statutory / mandatory certification for the proposed product (if applicable) is enclosed as Annexure:
- 15. Supply Experience list of the proposed product (similar or higher rating) is enclosed as Annexure:

[List shall include Item description, (Type/Size/Rating/Model/Capacity/Tonnage, as applicable), Customer name, Quantity, Year of Supply and Year of commissioning]



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16. End User's operational feedback certificate for the proposed product is enclosed as Annexure:

17. List of equipment & machinery specific to the proposed product is enclosed as Annexure:

(List shall include name of equipment, capacity & nos. etc.)

18. Process Flow Diagram indicating in-house & outsourced process enclosed as Annexure: \_\_\_\_\_

19. General manufacturing facilities available in-house:

Sl. No.	Description of machine	Type /Capacity / Size / Rating etc as applicable	Number
a)	Material Handling Mobile Crane Fork Lift Over Head Cranes		
b)	Metal Cutting & Bending		
c)	Casting		
d)	Forging		
e)	Fabrication		
f)	Welding		
g)	Machining		
h)	Heat Treatment		
i)	Surface Cleaning Sand Blasting Shot Blasting Pickling		
j)	Painting		
k)	Metal Coating		



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l)	Packing		
m)	Other, if any		

20.

**a. Inspection & Testing Facilities available in-house:**

Sl. No.	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Validity period



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**b. List of Testing & Inspection Facilities outsourced, if any with Source of testing and Description enclosed as Annexure:**

21. **Storage of finished goods (covered / open) :**

22 **List of the source / make with location of major raw material, bought out items and out sourced process enclosed as Annexure:**

23. **Quality management:**

23.1 **General**

23.1.1. Work Instruction for different processes available. (Y/N).

If yes, enclose list as Annexure:

23.1.2. Evaluation system for raw material/bought out item's supplier is available. (Y/N):

23.1.3. Records generated during inspection maintained & available for review (Y/N)

23.1.4 Statistical quality control techniques used (Y/N)

23.1.5 ISO certificate for the works available (Y/N). Y If yes, enclose copy as Annexure

23,2 **Corrective action**

23.2.1 Specifically confirm whether System for identification & disposition of Non Conformity in the process / product is available. (Y/N)

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

23.3. **Documentation Control**

23.3.1 Procedure available for documentation control (Y/N)

23.4. **Control of Inspection, Measuring & Testing equipments.**

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

24. **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

M/S.  
PLACE

DATE :

LIST OF ENCLOSURE:

SIGNATURE

NAME

DESIGNATION

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

EMAIL \_\_\_\_\_

**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 INDICATED 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 EQUIPMENT/ITEM/PROCESS,IF AVAILABLE, SHALL BE ENCLOSED**