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 : _____

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) _____

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 (Type/Size/Rating/Model/ Tonnage , as applicable)	Installed Capacity	Annual Production Capacity	Annual Production for last Three years		
				I	II	III

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

Sl. No.	Product	Name & Address of Collaborator	Collaboration		
			Scope	Year	Valid 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.: _____

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 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				
l)	Packing				
m)	Other, if any				

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**:** _____

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

SEAL

SIGNATURE_____
NAME_____
DESIGNATION_____
MOBILE NO _____
EMAIL _____

M/S._____
PLACE_____

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*