

INDIAN ORDNANCE FACTORIES
ORDNANCE FACTORY BHANDARA – 441 906
 VENDOR REGISTRATION REQUEST FORM
 (To be filled by Firm)

PART – I ADMINISTRATIVE INFORMATION

NAME OF THE COMPANY / VENDOR

ADDRESS (a) REGD. OFFICE _____

_____ PIN _____

STD CODE _____ PH. NO. 1 _____

PH. NO. 2 _____ FAX _____

E. MAIL _____ MOBILE _____

(b) WORKS/ FACTORY : _____

_____ PIN _____

STD CODE _____ PH. NO. 1 _____

PH. NO. 2 _____ FAX _____

E. MAIL _____ MOBILE _____

(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)

_____ PIN _____

STD CODE _____ PH. NO. 1 _____

PH. NO. 2 _____ FAX _____

E. MAIL _____ MOBILE _____

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

5. NATURE OF COMPANY _____

(ATTACH RELEVANT COPIES OF INCORPORATION / PARTNERSHIP DEED/ REGISTRATION OF ENTERPRISE)

a) PROPRIETORY

b) PVT. LIMITED

c) P.S.U.

d) PARTNERSHIP

6. CATEGORY OF INDUSTRY :

- a) LARGE SCALE
- b) MEDIUM SCALE (Attach relevant registration documents)
- c) SMALL SCALE

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 _____
E. MAIL _____ MOBILE _____

9. NATURE OF BUSINESS _____

- a) MANUFACTURING
- b) SOLE SELLING / AUTHORISED 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
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(ATTACH PRODUCT LITERATURE & LEAFLET, IF AVAILABLE)

11. DETAILS OF TECHNICAL COLLABORATION (FOREIGN OR INDIGENIOUS)

SL. NO.	PRODUCT	NAME & ADDRESS OF COLLABORATOR	YEAR	CURRENT OR NOT
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12. DETAILS OF MAJOR CUSTOMERS ALONGWITH LIST OF ITEMS SUPPLIED TO INDIVIDUAL CUSTOMER

SL. NO.	NAME & ADDRESS	PRODUCT SUPPLIED	S.O. NO. & DATE	DATE OF LAST SUPPLY	VALUE
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PART – II FINANCIAL INFORMATION

13. i) NAME OF BANKERS & ACCOUNT NOS. AND ADDRESS (WITH PHONE NO., STD CODE, PIN, FAX & E-MAIL)

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

ii) TIN DETAILS

- TIN 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 (ATTACHED PROOF OF OWNERSHIP, AGREEMENT DETAILED SITE PLAN OF LAY OUT OF PREMISES CLEARLY DEPICTING AREAS EG. PRODUCTION AREA (APPRO. LOCATION OF PLANT / MACHINERY STORES, BOND ROOM, INSPECTION ETC. ALSO INDICATE BOUNDARY WALL.)

- Production Area
- Bond Room Area
- Inspection Room Area
- Storage Area
- Over all Area
-

19. INDICATE ANNUAL TURNOVER/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 BANKCURREPUCY OR RE-ORGANISATION ?
- 28. WHETHER DEBARRED FROM GOVERNMENT CONTRACTS/ORDNANCE FACTORIES ?
- 29. WHETHER TERMINATED FOR CONTRACT NON - PERFORMANCE ?
- 30. WHETHER CHANGED FIRM'S 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 (SQR. MTR.)	BOND SPACE	
		NO. OR ROOMS	SQR. MTR.

32. DETAILS OF ELECTRIC POWER :

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

33. DETAILS OF MAN POWER EMPLOYED :

- | | |
|-------------------------|-----------------------|
| a) TECHNICAL | b) ADMINISTRATIVE |
| MANAGERIAL _____ | MANAGERIAL _____ |
| SUPERVISORY _____ | ASSTT/ 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 ITI 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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35. a) DETAILS OF BOUGHT OUT ITEMS (component /sub. Assy/ Assy/ Processes) FROM SUB CONTRACTORS :

(Attach copies of agreements, if any)

SL. NO.	MAIN EQPT.	Comp/Assy/ Sub Assy / processes	NAME AND 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)

SL. NO.	MAIN EQPT.	DETAILS OF TEST	NAME AND ADDRESS OF THE SUB CONTRACTOR/ LABORATORY	AGREEMENT (IF ANY)
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36. DETAILS 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	APPX COST	PERCENTAGE DEPRECIATION PER YEAR
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c) TOOLS ROOM, METROLOGY & TEST EQUIPMENTS & FACILITIES :

SL. NO.	TYPE OF INST. GUAGES TEST EQPT	MAKE & MODEL	QTY.	DATE OF PURCHASE CALIBERATION	FREQUENCY FOR CALIBERATION	APPROX COST
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37. DETAILS OF ITEMS PRODUCED IN LAST 3 YEARS

NAME OF PRODUCT	YEAR OF FIRST MFG.	PRODUCTION IN LAST THREE YEARS		
		YEAR	QTY.	SUPPLIES TO
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38. INDIVIDUAL FLOW PROCESS CHART OF ALL THE ITEMS FOR WHICH REGISTRATION IS REQD. TO BE FURNISHED (ATTACHED SEPARATE SHEET OF EACH ITEM).

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

40. SOURCE OF RAW MATERIAL FOR EACH OF ABOVE ITEMS :
 (ATTACH COPIES OF AGREEMENT, IF ANY)

ITEMS	BASIC RAW MATERIAL	SOURCE (INDIGENOUS / IMPORTED)	NAMES OF MAJOUR RAW MATERIAL SUPPLIERS
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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 UP TO
- d) TYPE OF LAB
- e) ASSISTANCE FROM OR DEPENDENCE ON ANY CENTRAL AGENCY FOR TESTING / CALIBRATION ETC. (FURNISHED DETAILS)

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

- a) DATE OF CERTIFICATION
- b) CERTIFYING BODY
- c) LAST AUDITED ON
- d) VALID UPTO

43. DETAILS OF R & D FACILITIES AVAILABLE :

44. FUTURE PLAN IF ANY, IN RESPECT OF EXPANSION PROGRAMME/ INSTALLATION OF ADDITIONAL MACHINES / FACILITIES & TESTING EQUIPMENTS ETC. :

45. a) DETAILS OF OUTSOURCING OF FACILITIES OF PRODUCTION OR PROCESSING FROM SUB. CONTRACTORS. :

SL. NO.	MAIN STORE	FACILITY / PROCESS	NAME & ADDRESS OF SUB. CONTRACTORS
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b) DETAILS OF CAPACITY OF SUB. CONTRACTORS IN RESPECT OF AREAS OF SUB CONTRACTING. :

c) DETAILS OF TESTING /QUALITY CONTROL DONE BY SUB. CONTRACTOR

SL. NO.	MAIN STORE	DETAILS OF TESTS	NAME OF SUB. CONTRACTOR
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46. ATTACH COPY OF VALID POLLUTION CLEARENCE CERTIFICATE FROM DESIGNATED STATUTORY AUTHORITY.

47. COMPANY BROCHURE / CATALOGUE AND LITERATURE TO BE ENCLOSED.

- NOTE (i) KINDLY NUMBER OR CODIFY THE EXTRA SHEETS & ANNEXURES & ENSURE THAT DOCUMENTS ARE LINKED PROPERLY ACCORDING TO SL. NOS. IN THIS PROFORMA.
(ii) WHEREVER SPACE INADEQUATE, ATTACH EXTRA SHEETS WITH PROPER LINKING
(iii) ALL SHEETS OF PROFORMA AS WELL AS EXTRA SHEETS & ANNEXURES 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 the event of any information given by me/us is found incorrect/false at any time, I/We understand our registration will be cancelled without notice, besides any other appropriate action against me/us.

DATE :

PLACE :

SIGNATURE

NAME(S) IN CAPITAL LETTERS