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	FORM	

VENDOR / SUB-VENDOR ASSESSMENT SHEET

TO BE FILLED-IN BY SUPPLIER / SUB-VENDOR

NAME OF SUPPLIER / SUB-VENDOR IN FULL			
	REGISTERED OFFICE	FACTORY / WORKS	
ADDRESS			
TELEPHONE NO.			
FAX NO.			
EMAIL ID			
PERSON(S) TO BE CONTACTED (NAME & DESIGNATION & MOBILE NO.)			
WEEKLY OFF			
SHIFT WORKING		Type of Company (Pl. Tick)	Type of Industry (Pl. Tick)
OFFICE	WORKS	Pvt. Ltd ☐ Proprietary ☐ Public Ltd. ☐ Partnership ☐ Public Sector ☐	MSME ☐ Govt. ☐ Large Scale ☐ Contractor ☐
ONE ☐	ONE ☐		
TWO ☐	TWO ☐		
THREE ☐	THREE ☐		
Prepared By:		Reviewed By:	Approved By:
			Process Owner

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Sr. No.	Items / Services / Process for which Approval is desired for	Rating / Size & Type	Applicable Standards IS/DIN/BS/IEC Etc.

REGISTRATION DETAILS #

PAN / TAN NO.	CENTRAL SALES TAX REG. NO.	STATE SALES TAX / TIN NO.	EXCISE DUTY REGISTRATION NO.
EXCISE CONTROL CODE NO.	SERVICE TAX REG. NO.	CATEGORY OF INDUSTRY	REGISTRATION NO. & VALIDITY DATE
		Micro	
		Small	
		Medium	
		Large	

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A.	ORGANISATIONAL SOUNDNESS
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SR. NO.	DESCRIPTION	DETAILS TO BE FURNISHED
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1.	Nature of Business (Strike whichever is not applicable)	Manufacturing Unit / Engineering Consultant / Agents / Distributors / Stockists / Dealers / Traders / Indian Subsidiary / EPC contractor / Channel Partner (Attach authorization certificate of principal) / Erection contractor / Other
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2.#	Year of commencement of Business / Factory Establishment	
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3.	Year of Commencement of Manufacture / Services	
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4.	Total Area/Covered Area in Sq. m.	Total Area	Covered Area

5.	Electric Power-Connected Load	
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6.#	Electric Power Standby Load & System	
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7.	Details of Directors		
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Sr. No.	Name	Designation	Qualification	Experience

8.	Details of Employees		
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Plases attach copy of Company's Organization Chart (For Unit)

Division Status	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Technical				
Production						
Engineering & Quality Control						
Administration						

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& Other Supporting activities.						
9.	Brief Details of Product and Manufacturing Capability					
Sr. No.	Item & Material	Description (Type, Size Rating)	Annual Production for Last Three Years			
			I	II	III	
10.#	Details of Foreign or Indigenous Collaborator					
Sr. No.	Product	Name & Address of Collaborator	Collaboration			
			Scope	Year	Valid up to	
11#	Have your product been type tested by any external agency? If so, give details					
Sr. No.	Product	Test (Size / Type & class	Test Report No.	Next Due date		
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12.#	Have you been approved by any Statutory agency / third party agency like LLOYD, ASME, NTPC, PGCIL, EIL, Railways etc. ? If so, indicate details and enclose copies of approval letters				
Sr. No.	Item / Material / Service / Process	Description (Size, Type & Class)	Agency	Date of approval	Next Due date
13.#	Indicate Approval / Certification by National / International Standards / Agencies applicable for the subject product.				
Sr. No.	Product	Codes / Standards	License No. & Date		
14.#	Reference List (Experience in Particular Type of Equipment / Service / Process). Please indicate since how many years similar type of item / equipment / service / process provided (please furnish documentary evidence).				
Sr. No.	Item / Material / Service / Process	Type & Capacity / Rating	Customer (End User with Address)	Date of Supply / Service provided	Under Operation since year / Month

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#Note: Please furnish the performance feedback certificate for proposed item / equipment / process / service form end user in line with requirement stipulated in Technical Specification.

15.#	Business Commenced with SJVN in past				
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Sr. No.	Year	Name of Department / Project Dealt with	Item Supplied / Services Offered.		
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16.A#	Machinery, Instrument & other Equipment Specific to Process & Product Facilities / service				
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Sr. No.	Description of Machine	Capacity & Nos.	Location Shop	Make	Year of Manufg.
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16.B#	Other General Facilities				
Sr. No.	Description of Machine	Capacity & Nos.	Location Shop	Make	Year of Manufg.
i	Material Handling Mobile Crane Fork Lift Over Head Cranes				
ii	Metal Cutting & Bending				
iii	Casting				
iv	Forging				
v	Fabrication				
vi	Welding				
vii	Machining				
viii	Heat Treatment				
ix	Sheet Metal				
x	Fettling & Cleaning, Sand Blasting, Shot Blasting & Pickling				
xi	Painting				
xii	Metal Coating				
xiii	Protection before packing				
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xiv	Packing					
xv	Other					
17.#	If In-House Manufacturing Facilities not available, inform source of manufacturing details along with their facilities and experience					
Sr. No.	Process outsourced	Name of the company	Description of machine / Equipment	Remarks		
18. A#	Facilities for In-house Testing & Inspection					
Sr. No.	Description	Capacity & Nos.	Make & Year of Mfg.	Calibration Status	Approval Qualification	
18.B#	If In-house testing facilities are not available, indicate source of testing with relevant details.					
Sr. No.	Source of Testing	Description	Capacity & Nos.	Make & Year of Mfg.	Calibration Status	Approval Qualification

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Note: In case of outsourcing of major testing such as NDT, Electrical & Mechanical testing, no marks will be awarded. However, material composition testing by chemical method from NABL Lab shall not attract negative marking.

18 C #	Details of any Government Laboratory facility available in area	
	Product related testing facility (type / Performance / Routine / Acceptance Test)	

19	Sources of Raw Material and Bought out Items
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Sr. No.	Description of Raw Material / Bought Out Items	Source

20 #	Storage Area Availability	
	Storage for finished goods (Open / Close)	
	Raw Material storage and identification	

21 #	Do you have in-house Design / R&D departments?	
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22 #	Details of pending legal issues on contractual aspects with customers, if any.	
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23 #	Please furnish details of Labour problems in the last three years, if any?	
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B.	FINANCIAL SOUNDNESS OF ORGANIZATION			
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Financial Information for last Three Years (Please furnish copy of annual report)				
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Sr. No.	Parameters	Year 20	Year 20	Year 20
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1#	Please furnish annual turnover of the company.			
	Growth in annual turnover w.r.t. previous years (%)			
2#	Please furnish Profit before tax (PBT) of the company.			
	Growth in PBT w.r.t. previous years (%)			
3#	Please indicate the net worth (Net current assets – Net current liabilities) of the company?			
4#	Whether the vendor has been referred to BIFR / NCLT / any other similar Govt. agency.			
5#	Whether the supplier is a potentially sick company.			
6	Please mention current order book position, as on date in terms of Value and time			

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C.	QUALITY SYSTEM			
SR. NO.	DESCRIPTION	Sub-vendor response (along with supporting document)		
1#	Are you an ISO 9001 company? If yes, please furnish the certificate and what is your quality policy?			
2#	Is the company an ISO 14000 approved?			
3#	Is the company an OHSAS approved?			
4#	Have your company won any Quality award like Rajeev Gandhi National Quality Award, IMC Ramkrishna Bajaj National Quality Award, Golden Peacock National Quality Award etc? If yes provide documentary evidence.			
5#	Have you received appreciation letter from your customer. Please provide evidence.			
6	To whom your Q.C./Q.A. Chief reports to ? (Please furnish your organization structure)			
7#	If you have a written quality control manual/procedure, then please furnish the same.			
7 (i) #	Incoming Material Control System (Furnish a copy of system and organization)			
7 (ii) #	Process Control: Are written procedure defining stage wise operations and functions on shop floor established and followed? (Furnish copy of work instruction and record of process control parameter)			
7 (iii) #	Manufacturing/Testing Procedure Qualification & Personnel Qualification (Procedure qualification specification & Record of			

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	personnel qualification (PQR) to be submitted).	
7 (IV) #	Are written Quality Control Instruction sheets prepared & properly used? (Please furnish evidence)	
7 (V) #	Are records generated during inspection maintained & available for review? (Please furnish evidence)	
7 (VI) #	Are quality control checks / procedure adequate to maintain desired quality level right from the incoming stage to final stage? Please furnish copy of such control checks / procedure.	
8.#	Documentation Control	
8 (i)	Does a system for clear and precise stipulation of responsibilities for documentation issue & change control exists?	
8 (ii)	Are changes made in writing?	
9#	Control of Inspection, measuring and testing equipment	
9 (i)	Are necessary gauges, testing and measuring equipment's, available and used?	
9 (ii)	Are testing and measuring equipment properly maintained?	
9 (iii)	Is recorded control on calibration of equipment available?	
10#	System of Identification & Traceability of materials, tools, jigs, fixtures & processed components, etc. (Copy of procedure to be submitted).	
11#	System of Storage / Preservation / Painting and Packing (copy of Procedure to be submitted)	
12#	Do you have written procedure for disposing off the non-conformities? If yes, please furnish the copy of the same also furnish three copies of NCR & CAPA.	
13#	Safety measures (Submit copy of safety system & record of accidents for last two years)	
14#	What type of Sampling Inspection Plan is used in your factory/company? Please furnish details.	
15	How good are you in keeping your dispatch commitments? Please give details of last ten deliveries stating details as below (Provide documentary evidence) Within delivery period: Delayed but accepted by user: Delayed but accepted with penalty:	
16#	Have you ever been de-listed or put in under temporary suspension by any customer / contractor.	

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D. AFTER SALES SERVICE		
SR. NO.	DESCRIPTION	Sub-vendor response (along with supporting document)
1 [#]	For overcoming product deficiencies what are the analytical methods used at Customer's premises?	
2 [#]	What is the strength of your "after-sales service" team?	
3 [#]	What is the response time after receiving complaints from the customers? Provide evidence.	
4 [#]	Customer complaints handling system (Submit list of customer complaints & status for the last three years) Please furnish complete list of complaints attended to during last one year.	
5 [#]	How do you keep your "after-sales service" team updated?	
6 [#]	Provide certificate from 02 customers (end user) for satisfactory after sales services.	

Declaration by Director/ Partner/ Proprietor

I declare that the information furnished above and attached documents are correct to the best of my knowledge, I undertake to inform you at the earliest any change(s) in the details mentioned above.

Signature and Date

Name & Designation

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TO BE FILLED BY MAIN CONTRACTOR FOR SUB-VENDOR (MC)

Sr. No.	Parameters	Supplier response (along with supporting document)
1	Name and address of sub-vendor:	
2 (a)	Type of equipment / item / process / service for which approval is sought:	
2 (b)	Details of equipment / item / process / service for which approval is sought (i.e. Rating, capacity, type, size, weight, etc.):	
3	Experience of main contractor with sub-vendor:	
(a) [#]	Since how many years sub-vendor is registered with you for proposed type of equipment / item / process / services (furnish documentary evidence):	
4 [#]	Whether sub-vendor is meeting the qualification criteria indicated in the technical specification (furnish documentary evidence).	
5 [#]	Sub-vendor rating as per contractor's internal procedure in the scale 0-10 or 0-100% (furnish documentary evidence).	
6 [#]	Any dispute of main contractor with vendor during execution of last 05 contracts.	
7 [#]	Have you ever de-listed or put in temporary suspension the proposed sub-vendor? If yes, please provide the reason for same.	
8	Please indicate the reason for re-approving / re-listing the sub-vendor.	

I declare that the information furnished by Sub-vendor has been verified and found in order / minor changes which have been marked and initialed on this form itself / observed the following discrepancies.

(Signature & Designation)

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GUIDELINES TO SUPPLIERS FOR FILLING-UP VENDOR/SUPPLIER REGISTRATION FORM

1. All columns are to be filled up properly in the space provided for. Wherever it is not applicable / not available, please mention “Not Applicable” / “Not Available”. All pages of the form are to be signed along with seal by the authorized signatory.
2. A separate sheet may be attached if the space provided is insufficient or additional information is to be given, Please put proper identification tag on the separately attached sheet.
3. Any information / clarification required by SJVN during evaluation must be given expeditiously.
4. Please ensure that all required enclosures are attached with the filled up Vendor Registration Form.
5. Marks shall be awarded on the basis of documentary evidences submitted by Vendor / sub-vendor wherever called in vendor / sub-vendor assessment form.
6. Incomplete or incorrect forms will be rejected.
7. Please fill up the check list given below and send along with the vendor registration forms to SJVN.
8. In case any information found incorrect / false, the vendor shall be rejected / de-listed at any stage.
9. Information with # marks is score able.
10. Accepting or rejecting a vendor is sole discretion of SJVN.
11. Product catalogue / manual for the proposed item / equipment / process / service, if available, shall be submitted alongwith other documents.

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Furnish following information/Documents:-

Sr. No.	Description	Yes / No	Page No / Annexure
1	Latest audited annual account.		
2	Balance Sheet.		
3	Valid Income Tax Clearance Certificate.		
4	Details of Pending Arbitration cases.		
5	Details of pending disputes with Statutory Authorities.		
6	Organization chart		
7	Copy of Performance certificate (minimum 03)		
8	Copy of minimum three (03) completion certificates of similar work / service.		
9	Latter of approval from ASME / NTPC/ EIL / Railway / Lloyds / Power Grid etc. if any.		
10	ISO: 9001 certificate		
11	Quality Manual		
12	ISO: 14000 certificate		
13	OHSAS, ISO 18000 certificate		
14	Experience list		
15	Type test report & approval certificate		
16	Product Approval certificate from national / international agency.		
17	Quality award certificate		
18	Process and Personnel qualification certificates		
19	Copy of registration / enlistment with reputed / large organizations		
20	Detail of existing clients and details such as address, contact number and mail address.		
21	List of works / projects of similar nature executed with documentary evidences of works executed in last 02 years.		
22	Other documents mentioned elsewhere in vendor / sub-vendor assessment form.		

(Signature & Designation)

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