

**Approval Desired for Process/item (Rating/Size/Type) :**

1. Name of Company (Sub-Supplier):

2. Address of Regd. Office:

\_\_\_\_\_ Tel\_\_\_\_\_

\_\_\_\_\_ Mobile\_\_\_\_\_

\_\_\_\_\_ e-mail\_\_\_\_\_

\_\_\_\_\_ Fax\_\_\_\_\_

3. Address of Factory/Works

\_\_\_\_\_ Tel\_\_\_\_\_

\_\_\_\_\_ Mobile\_\_\_\_\_

\_\_\_\_\_ e-mail\_\_\_\_\_

\_\_\_\_\_ Fax\_\_\_\_\_

**Weekly off day**

4. Branch/Liaison Office in Delhi:

\_\_\_\_\_ Tel\_\_\_\_\_

\_\_\_\_\_ Mobile\_\_\_\_\_

\_\_\_\_\_ e-mail\_\_\_\_\_

\_\_\_\_\_ Fax\_\_\_\_\_

**Weekly off day**

5. Person(s) to be contacted

Place	Name(s)	Official Capacity	Telephone No(s)
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Regd. Off.

Factory

Branch/  
Liaison Off.

6. Nature of Company : Proprietary/Partnership/Pvt. Ltd./Public Ltd.

Works Details:

7. Year of Factory Establishment :

8. Year of Commencement of Manufacture :

9. Total Area/Covered Area

10. Electric Power-Connected Load :  
Electric Power-Standby Load & System

11. Finance-Total Capital :  
- Annual Turnover & profit  
For past three years  
- Limit of Credit Facility :  
Available from the Banks

12. Do you have in-house Department for :

- |                                    |        |
|------------------------------------|--------|
| a) Design                          | Yes/No |
| b) Research & Development          | Yes/No |
| c) Manufacturing/Production        | Yes/No |
| d) Quality control/Inspection      | Yes/No |
| e) Clearance from pollution deptt. | Yes/No |

13. Shift works per day One/Two/Three



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

14. Details regarding employees :

Division Status	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Technical				
Production						
Quality Control						
Admn & other Supporting Activities						

15. Please enclose a copy of company's organisation chart (for the unit).

16. Trade Name of Product (if any) :

17. Manufacturing capacity details :

S. N.	Product	Licensed Capacity	Installed Capacity

18. Brief details of items manufactured :

Sl. No.	Item & Material	Description (Type/Size/Rating)	Annual Production for last Three years		
			I	II	III



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

19.Details of foreign collaboration, if any :

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

20. Have your product been type tested by any external agency? If so, give details

Sl. No.	Product	Test (Size, Type & Class)	Test Report No. & Date	Next Due Date

21. Indicate Approval/Certification by National/International standards/agencies applicable for the subject product.

Sl. No.	Product	Code/Standard	License No. & Date



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

22. Have you been approved by any third party/statutory agency? If so, indicate details and enclose copies of approval letters.

Sl. No.	Item/ Material	Description (Size, Type & Class)	Agency	Date of Approval	Next Due Date

23. Reference list (Experience in the particular type of equipment) :

Sl. No.	Item/ Material	Type & Capacity	Customer (End User) with Address	Date of supply	Under Operation Since Year/ Month



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

24(a) Specific to process & product facilities :

Sl. No.	Description of machine	Capacity & Nos.	Location Shop	Make	Year of Manufg.



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

24(b) Other/General facilities :

Sl. No.	Description of machine	Capacity & Nos.	Location Shop	Make	Year of Mfg.
1)	Material Handling Mobile Crane Fork Lift Over Head Cranes				
2)	Metal Cutting & Bending				
3)	Casting				
4)	Forging				
5)	Fabrication				
6)	Welding				
7)	Machining				
8)	Heat Treatment				
9)	Sheet Metal				
10)	Fettling & Cleaning Sand Blasting Shot Blasting Pickling				
11)	Painting				
12)	Metal Coating				
13)	Protection before packing				
14)	Packing				
15	Other				



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

25 (a) Facilities for Testing & Inspection :

Sl. No.	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Approval Qualification	

25 (b) If In-house testing facilities are not available, indicate source of testing with relevant details:

Sl. No.	Source of Testing	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Approval/Qualification	

26 (a) Details of any Govt. laboratory facilities available in area :

26 (b) Product related testing facilities (Type/Performance/Routine/Acceptance Tests) :

26 (c) Storage of finish goods (covered / open)



27 Source of Raw Materials (including imported raw materials) :

a) Type Source

b) Raw material storage & identification :

28. **No. of PCs available with internet Connectivity at works:**

**29. Quality management**

**29.1 General**

29.1.1. Organisation Chart of Quality Management: Attached: (Y/N)

29.1.2. Head of QC Department reports to :

29.1.3. Do you have a written Quality Control Instruction Manual? If yes, please furnish a copy of the same.

29.1.4. Have written Quality Control Instruction sheets been prepared and properly used ?

29.1.5. Are records generated during inspection maintained & available for review?

29.1.6. Are final inspection areas clean, adequately lighted & of suitable size?

29.1.7. Are written procedure defining stage wise operations and functions on shop floor established and followed?

29.1.8. Are quality control checks adequate to maintain desired quality right from incoming stage to final operation?

29.1.9. Whether 100% or adequate sampling inspection used?

29.1.10. Are statistical quality control techniques used?

**29.2. Corrective Action**

29.2.1. Does the system provide for proper detection of inferior quality and correction of its assignable causes?

29.2.2. Is adequate action taken to correct the causes of defects in products?

**29.2.3.** Are analysis made to identify trends towards product deficiencies?

**29.2.4.** Does corrective action extend to products?

**29.3     Documentation Control**

29.3.1. Does a system for clear and precise stipulation of responsibilities for documentation issue & change control exists?

29.3.2. Are changes made in writing?

**29.4.     Control of Inspection, measuring & Testing equipments**

29.4.1. Are necessary gauges, testing and measuring equipment's, available and used?

29.4.2. Are testing and measuring equipment properly maintained?

29.4.3. Is recorded control on calibration of equipment available?

**29.5.     Control of procured supplies & Services**

29.5.1. Do the vendor/sub-Supplier's purchasing documents refer to specific design manufacturing and testing requirements?

29.5.2. Do purchasing documents also contain special requirements?

29.5.3. Are requirements for necessary tests and inspection of raw material specified in purchasing documents?

**30.       CONSISTENCY IN SUPPLY**

30.1. Has the vendor/sub-Supplier produced items of similar nature in past?

30.2. Has the vendor/sub-Supplier maintained delivery commitments in past?

30.3. Has there been frequent labour trouble in past?

30.4. Has there been major upset due to faulty material management?

30.5. Whether the system of planning and scheduling resilient enough to overcome temporary setbacks and make up lost time?

30.6. Can the vendor/sub-Supplier quickly off load the work to other reliable subvendors:

If Yes, the name of sub-vendors :

31. Order booking position as on date in terms of:

a) Value                                 :

b) Time                                         :

32. Any special information



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

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

SEAL

SIGNATURE \_\_\_\_\_  
NAME \_\_\_\_\_  
DESIGNATION \_\_\_\_\_  
M/S. \_\_\_\_\_  
PLACE \_\_\_\_\_  
DATE \_\_\_\_\_

LIST OF ENCLOSURE

- 1.
- 2.
- 3.

**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 : \_\_\_\_\_

**Certification by visiting team :** Above information except as under have been verified and found in order.

Name : \_\_\_\_\_ Designation : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

- 1.
- 2