

## SUPPLIER QUESTIONNAIRE

**Name of the proposed 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:

- **Country of Head Office**

\_\_\_\_\_

- **Field of activitie**

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of contact person:**

Name \_\_\_\_\_

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

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

E-mail:

4. **Branch / Liaison office Hyderabad** **Details of contact person:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

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

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

E-mail:

## SUPPLIER QUESTIONNAIRE

### 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

If any of these items answered with “No”, an explanation shall be provided.

### 8. Furnish Type Test report for the proposed product (if applicable).

### 9. Approval/Certification by National/International standards/accredited agency applicable for the proposed product **MANDATORY**

### 10. Furnish statutory/mandatory certification for proposed product **MANDATORY**

### 11. Furnish supply Experience list of the proposed product. **MANDATORY**

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

### 12. Enclose End User's operational feedback certificate for the proposed product.

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**13. Enclose list of equipment & machinery specific to the proposed product.**

This should include name of equipment, capacity & nos. etc.:

**14. Enclose Process Flow Diagram indicating in-house & outsourced process.**

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**15. Enclose Testing & Inspection facilities specific to the proposed product:**

a. In-house \_\_\_\_\_

b. Outsourced \_\_\_\_\_

**16. Storage of finished goods (covered / open).** \_\_\_\_\_

**17 Enclose list of the source / make with location of major raw material, bought out items and out sourced process** \_\_\_\_\_

**18. Furnish details regarding local service support and spare parts availability in site** \_\_\_\_\_

## SUPPLIER QUESTIONNAIRE

### 19. Quality management

#### 19.1 General

19.1.1 Work Instruction for different processes available. (Y / N) \_\_\_\_\_  
if yes, furnish list.

19.1.2 Evaluation system for raw material / bought out item's supplier is available.  
(Y / N) \_\_\_\_\_ **MANDATORY**

19.1.3 Records generated during inspection maintained & available for review?  
(Y / N) \_\_\_\_\_ **MANDATORY**

19.1.4 Statistical quality control techniques used? (Y/N) If yes please furnish details.  
(Y / N) \_\_\_\_\_

19.1.5 ISO certificate for the works available? (Y / N) \_\_\_\_\_  
**MANDATORY**

19.1.6 Quality & HSE Manual for the works available (Y / N) \_\_\_\_\_  
If yes, enclose copy of the manual.

#### 19.2 Corrective action

19.2.1 Specifically confirm whether System for identifying & disposition of Non  
Conformity in the process / product is available (Y / N) \_\_\_\_\_

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

#### 19.3. Documentation Control

19.3.1 Procedure available for documentation control (Y / N) \_\_\_\_\_

#### 19.4. Control of Inspection, measuring & testing equipments.

19.4.1 Procedure for calibration of testing & measuring instrument available.  
(Y / N) \_\_\_\_\_ **MANDATORY**

## SUPPLIER QUESTIONNAIRE

20. **Certification of sub-supplier**

**I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT.**

**SEAL**

**SIGNATURE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_

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

**EMAIL** \_\_\_\_\_

**M/S.** \_\_\_\_\_

**PLACE** \_\_\_\_\_

**DATE** \_\_\_\_\_

LIST OF ENCLOSURE: