

MANUFACTURER'S NAME AND ADDRESS			STANDARD QUALITY PLAN				TO BE FILLED BY BHEL		TO BE FILLED BY BHEL				
BHEL	VENDOR'S NAME	ITEM		QP NO.									
				REV.									
		DRG. NO.	As per PO										
		REV. NO.											
		SPEC. NO.	As per PO										
		REV. NO.				Page 1 of 1							
SL. NO.	COMPONENT & OPERATIONS	CHARACTERISTICS	CLASS	TYPE OF CHECK	QUANTUM OF CHECK	REFERENCE DOCUMENT	ACCEPTANCE NORMS	FORMAT OF RECORDS	AGENCY			REMARKS	
									M	B	N		
1	2	3	4	5	6	7	8	9	D	10			11

MANUFACTURER/SUBCONTRACTOR		LEGEND:	FOR CUSTOMER USE	
		! RECORDS IDENTIFIED WITH 'TICK' SHALL BE ESSENTIALLY INCLUDED BY CONTRACTOR IN QA DOCUMENTATION.		
		M: MANUFACTURER / SUBCONTRACTOR B: BHEL / NOM. INSPECTION AGENCY N: CUSTOMER INDICATE 'P' PERFORM 'W' WITNESS AND 'V' VERIFICATION ALL 'W' INDICATED IN COLUMN 'N' SHALL BE 'CHP' OF CUSTOMER		APPROVED BY

	CORPORATE QUALITY ASSURANCE MAIN CONTRACTOR EVALUATION REPORT			

i.	Main Contractor					
ii.	Project					
iii.	Package Name		Package No			
iv.	Proposed Item/Scope of Sub-contracting					
v.	Item covered under	Schedule-1		As per contract clause No-		
		Schedule-2				
vi.	If item is Schedule-1 and proposed sub-vendor is indigenous, Main Contractor to explain how the contractual provisions will be fulfilled-					
vii.	Name and Address of the proposed Sub-vendor's works					
viii.	PO placement date/ Start of manufacturing (if self-manufactured) as per L2 network					
ix.	Item Description (Type/Size/Rating/Scope of Sub-Contracting)	Total quantity of proposed item envisaged in this package (Nos/ Running Meters/ Kgs/ Tons etc)	Quantity proposed to be procured from proposed sub-vendor (Nos/ Running Meters /Kgs /Tons etc)	Per month quantity requirements as per project schedule	Actual monthly production capacity viz-a-viz the monthly proposed order requirement	
x.	Supply experience of the proposed sub-vendor (including supplies to Main Contractor, if any) for similar item/scope of sub-contracting, for last 3 years (<i>Note:- Only relevant experience details wrt proposed item/scope of subcontracting to be brought out here</i>)					
	Project/Package	Customer Name	Supplied Item (Type/Rating/Model /Capacity/Size etc)	PO ref no/date	Supplied Quantity	Date of Supply
We confirm that as per our assessment, the proposed sub-vendor has requisite capabilities and supply experience for the proposed item/scope of sub-contracting.						
Name:		Desig:		Sign:		Date:

Company's Seal/Stamp:-

	CORPORATE QUALITY ASSURANCE SUB-VENDOR QUESTIONNAIRE
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i.	Item/Scope of Sub-contracting			
ii.	Address of the registered office	Details of Contact Person (Name, Designation, Mobile, Email)		
iii.	Name and Address of the proposed Sub-vendor's works where item is being manufactured	Details of Contact Person: (Name, Designation, Mobile, Email)		
iv.	Annual Production Capacity for proposed item/scope of sub-contracting			
v.	Annual production for last 3 years for proposed item/scope of sub-contracting			
vi.	Details of proposed works			
1.	Year of establishment of present works			
2.	Year of commencement of manufacturing at above works			
3.	Details of change in Works address in past (if any)			
4.	Total Area			
	Covered Area			
5.	Factory Registration Certificate	Details attached at Annexure – F2.1		
6.	Design/ Research & development set-up (No. of manpower, their qualification, machines & tools employed etc.)	Applicable / Not applicable if manufacturing is as per Main Contractor/purchaser design) Details attached at Annexure – F2.2 (if applicable)		
7.	Overall organization Chart with Manpower Details (Design/Manufacturing/Quality etc)	Details attached at Annexure – F2.3		
8.	After sales service set up in India, in case of foreign sub-vendor (Location, Contact Person, Contact details etc.)	Applicable / Not applicable Details attached at Annexure – F2.4		
9.	Manufacturing process execution plan with flow chart indicating various stages of manufacturing from raw material to finished product including outsourced process, if any	Details attached at Annexure – F2.5		

	CORPORATE QUALITY ASSURANCE SUB-VENDOR QUESTIONNAIRE
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10.	Quality Control exercised during receipt of raw material/BOI, in-process , Final Testing, packing	Details attached at Annexure – F2.6												
11.	Manufacturing facilities (List of machines, special process facilities, material handling etc.)	Details attached at Annexure – F2.7												
12.	Testing facilities (List of testing equipment)	Details attached at Annexure – F2.8												
13.	If manufacturing process involves fabrication then-	Applicable / Not applicable												
	List of qualified Welders	Details attached at Annexure – F2.9												
	List of qualified NDT personnel with area of specialization	(if applicable)												
14.	List of out-sourced manufacturing processes with Sub-Vendors' names & addresses	Applicable / Not applicable Details attached at Annexure. –F2.10 (if applicable)												
15.	Supply reference list including recent supplies	Details attached at Annexure – F2.11 (as per format given below)												
	<table border="1" style="width: 100%;"> <tr> <th style="width: 10%;">Project/ package</th> <th style="width: 10%;">Customer Name</th> <th style="width: 30%;">Supplied Item (Type/Rating/Model /Capacity/Size etc)</th> <th style="width: 20%;">PO ref no/date</th> <th style="width: 20%;">Supplied Quantity</th> <th style="width: 10%;">Date of Supply</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Project/ package	Customer Name	Supplied Item (Type/Rating/Model /Capacity/Size etc)	PO ref no/date	Supplied Quantity	Date of Supply							
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16.	Product satisfactory performance feedback letter/certificates/End User Feedback	Attached at annexure - F2.12												
17.	Summary of Type Test Report (Type Test Details, Report No, Agency, Date of testing) for the proposed product (similar or higher rating) Note:- Reports need not to be submitted	Applicable / Not applicable Details attached at Annexure – F2.13 (if applicable)												
18.	Statutory / mandatory certification for the proposed product	Applicable / Not applicable Details attached at Annexure – F2.14 (if applicable)												
19.	Copy of ISO 9001 certificate (if available)	Attached at Annexure – F2.15												
20.	Product technical catalogues for proposed item (if available)	Details attached at Annexure – F2.16												
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Name:</td> <td style="width: 30%;"> </td> <td style="width: 15%;">Desig:</td> <td style="width: 30%;"> </td> <td style="width: 10%;">Sign:</td> <td style="width: 10%;"> </td> <td style="width: 10%;">Date:</td> <td style="width: 10%;"> </td> </tr> </table>			Name:		Desig:		Sign:		Date:					
Name:		Desig:		Sign:		Date:								

Company's Seal/Stamp:-

Certificate

In line with Government Public Procurement Order No. P-45021/2/2017-BE-II dt. 15.06.2017 & P-45021/2/2017-PP (BE-II) dated 28.05.2018, we hereby certify that we M/s _____(supplier name) are local supplier meeting the requirement of minimum local content (50%) as defined in above orders for the material against Enquiry No. _____

Details of location at which local value addition will be made is as follows:

We also understand, false declarations will be in breach of the Code of Integrity under Rule 175(1)(i)(h) of the General Financial Rules for which a bidder or its successors can be debarred for up to two years as per Rule 151 (iii) of the General Financial Rules along with such other actions as may be permissible under law.

Seal and Signature of Supplier