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

Name of Equipment / Item / Process with Model/ Type/ Rating / Capacity/ Size/ Tonnage etc. (As applicable):

_____

Trade Name of Product (if any) : _____

_____

1. **Name of Proposed Sub-Supplier:** _____

   Website: _____

2. **Address of Regd. Office:**
   _____
   _____
   _____

   Details of contact person:
   Name_____
   Mobile no._____
   Desig._____
   E-mail:

3. **Branch/ Liaison office in Delhi/NCR**
   _____
   _____
   _____

   Details of contact person:
   Name_____
   Mobile no._____
   Desig._____
   E-mail:

   Weekly off day _____

4. **Address of Works where Item is being manufactured**
   _____
   _____

   Details of contact person:
   Name_____
   _____
   Mobile no._____
   Desig._____
   E-mail:

SUB-SUPPLIER QUESTIONNAIRE
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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.. TotalArea / 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

8. **Shift works per day** One/Two/Three

9. **Present Manpower Status:**

Division Status	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Technical				
Design						
Production						
Quality Control/ Inspection						
After Sales Service						

SUB-SUPPLIER QUESTIONNAIRE
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a. Organization chart of the proposed works is enclosed as Annexure: _____
b Organization chart of QA / QC Deptt. is enclosed as Annexure: _____
c. List of Qualified Welders with process etc. is enclosed as Annexure: _____
d. List of Qualified NDT personnel with area of specialization is enclosed as Annexure: _____

10. **Brief details of items manufactured:**

Sl. No.	Item & Material (Type/Size/Rating/Model/ Capacity /Tonnage , as applicable)	Installed Capacity	Annual Production Capacity	Annual Production for last Three years		
				I	II	III

11. **Details of foreign Collaboration, if any:**

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

12. **Type Test report for the proposed product (similar or higher rating)if applicable is enclosed as Annexure: _____**

13 **Approval / Certification by National / International standards / Accredited agency for the proposed product (if applicable) is enclosed as Annexure: _____**

14. **Statutory / mandatory certification for the proposed product (if applicable) is enclosed as Annexure: _____**

15. **Supply Experience list of the proposed product (similar or higher rating) is enclosed as Annexure: _____**

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

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

16. **End User's operational feedback certificate for the proposed product is enclosed as Annexure:** _____

17 **List of equipment & machinery specific to the proposed product is enclosed as Annexure:** _____

(List shall include name of equipment, capacity & nos. etc.)

18. **Process Flow Diagram indicating in-house & outsourced process enclosed as Annexure:**_____

19 **General manufacturing facilities available in-house:**

Sl. No.	Description of machine	Type /Capacity / Size / Rating etc as applicable	Number
a)	Material Handling Mobile Crane Fork Lift Over Head Cranes		
b)	Metal Cutting & Bending		
c)	Casting		
d)	Forging		
e)	Fabrication		
f)	Welding		
g)	Machining		
h)	Heat Treatment		
i)	Surface Cleaning Sand Blasting Shot Blasting Pickling		
j)	Painting		
k)	Metal Coating		

l)	Packing		
m)	Other, if any		

20.

a. Inspection & Testing Facilities available in-house:

Sl. No.	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Validity period

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

b. List of Testing & Inspection Facilities outsourced, if any with Source of testing and Description enclosed as Annexure: _____

21. **Storage of finished goods (covered / open) :** _____

22 **List of the source / make with location of major raw material, bought out items and out sourced process enclosed as Annexure:** _____

23. **Quality management:**

23.1 **General**

23.1.1. Work Instruction for different processes available. (Y/N). ___

If yes, enclose list as Annexure_____

23.1.2. Evaluation system for raw material/bought out item's supplier is available. (Y/N) _____

23.1.3. Records generated during inspection maintained & available for review (Y/N) _____

23.1.4 Statistical quality control techniques used (Y/N) _____

23.1.5 ISO certificate for the works available (Y/N). ____ If yes, enclose copy as Annexure_____

23,2 **Corrective action**

23.2.1 Specifically confirm whether System for identification & disposition of Non Conformity in the process / product is available. (Y/N) _____

23.2.2 Specifically confirm whether System for Customer complains & their satisfactory disposal is available. (Y/N) _____

23.3. **Documentation Control**

23.3.1 Procedure available for documentation control (Y/N) ___

23.4. **Control of Inspection, Measuring & Testing equipments.**

23.4.1 Procedure for calibration of testing & measuring instrument available. (Y/N) ___

24. Any Special Information: _____

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

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

SEAL

M/S._____
PLACE_____

DATE_____

SIGNATURE_____
NAME_____
DESIGNATION_____
MOBILE NO _____
EMAIL _____

LIST OF ENCLOSURE:

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 :** _____

NOTE :

1. ***COLUMN SHALL NOT BE LEFT UNFILLED..IN CASE OF NOT APPLICABLE / NOT AVAILABLE, THE SAME SHALL BE INDICATED IN THE PROVIDED SPACE.***
2. ***IN CASE PROVIDED SPACE IS NOT ADEQUATE, INFORMATION SHALL BE PROVIDED AS AN ATTACHMENT.***
3. ***PRODUCT CATALOGUE FOR THE PROPOSED EQUIPMENT/ITEM/PROCESS,IF AVAILABLE, SHALL BE ENCLOSED***