



QUALITY ASSURANCE THERMAL (QTH)

SUB-VENDOR CREDENTIAL

DATE:-DD/MM/YY

NAME OF ORGANISATION: __M/S_____

ADDRESS:-_____

JOB DESCRIPTION:-_____

CONTACT PERSON : - _____

TELEPHONE (LAND LINE/MOB.) : - _____

E-MAIL :- _____

BHEL REGISTRATION NO. AND DATE:- _____

Sl no.	PARAMETER	PAGE NO	REMARK
1	Balance Sheet for last 4 years. ie 18-19, 17-18, 16-17, 15-16		
2	Rating, Range / type etc. of equipment/ item for proposed approval.		
3	Organisational structure including QA/QC inspection dept. with man power & qualification details.		
4	In house design / R&D capability.		
5	List of sub-vendors for critical/ major bought out items.		
6	In-coming material inspection plan and Manufacturing Quality Plan.		
7	In house manufacturing facilities.		
8	In house NDE facilities & list of qualified NDE personnel with level of qualification.		
9	Experience (Past Track Record) list for last 3 years for similar product.		
10	Performance certificates issued by other customers, if any.		
11	Certification of/ by reputed agencies (ISO/ ASME/ CE/ UL/API/ etc.) & also approval certificates from other customers etc.		

Authorized Signatory