



**BHEL EVALUATION REPORT
FOR SUB-SUPPLIER NO.**

FICHTNER

PACKAGE & PROJECT :

EQUIPMENT / ITEM :

GENERAL INFORMATION

**1. PROPOSED SUB-SUPPLIER'S :
NAME & WORKSHOP ADDRESS**

**2. CONTACT PERSON :
TELEPHONE (LAND LINE/MOB.) :
FAX :
E-MAIL :**

**3. BRIEF SPEC. OF EQUIPMENT
ITEM / MODEL / TYPE / RANGE / CAPACITY:**

**4. REFERENCE LIST (LIST OF PROJECTS THE EPC HAS PERFORMED TOGETHER WITH THE
PROPOSED SUB-SUPPLIER FOR THE PROPOSED EQUIPMENT / ITEM / MODEL / RATING)**

CUSTOMER / LOCATION WITH ADDRESS AND CONTACT PERSON	TYPE, RATING & CAPACITY	DATE OF COMMISS- IONING.	NO. OF YRS. IN OPERA- TION	PERFORMANCE FEEDBACK

5. COMPLIANCE WITH RESPECT TO TECHNICAL SPECIFICATION

**CLAUSE WISE COMPLIANCE WITH RESPECT TO TECHNICAL SPECIFICATION OF BIFPCL FOR
THE PROPOSED ITEM / MODEL INCLUDING PROVENNESS REQUIREMENT.**

6. CONCLUSION

**BHEL CONFIRMS THAT SUB-SUPPLIER FULFILLS ALL REQUIREMENTS AS REQUESTED BY
MFS AND IS DEEMED AS CAPABLE FOR ENVISAGED TASK.**

NAME _____ DESIGN _____ SIGN.: _____

List of Encl.

Date: _____