CORPORATE QUALITY ASSURANCE
SUB-VENDOR QUESTIONNAIRE

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***		
10.	***Sources of Raw Material/Major Bought Out Item***	***Details attached at Annexure – F2.6***		
11.	***Quality Control exercised during receipt of raw material/BOI, in-process , Final Testing, packing***	***Details attached at Annexure – F2.7***		

CORPORATE QUALITY ASSURANCE
SUB-VENDOR QUESTIONNAIRE

12.	***Manufacturing facilities*** ***(List of machines, special process facilities, material handling etc.)***	***Details attached at Annexure – F2.8***
13.	***Testing facilities*** ***(List of testing equipment)***	***Details attached at Annexure – F2.9***
14.	***If manufacturing process involves fabrication then-*** ***List of qualified Welders*** ***List of qualified NDT personnel with area of specialization***	***Applicable / Not applicable*** ***Details attached at Annexure – F2.10*** ***(if applicable)***
15.	***List of out-sourced manufacturing processes with Sub-Vendors' names & addresses***	***Applicable / Not applicable*** ***Details attached at Annexure. –F2.11*** ***(if applicable)***
16.	***Supply reference list including recent supplies***	***Details attached at Annexure – F2.12*** ***(as per format given below)***

Project/ package	*Customer Name*	*Supplied Item (Type/Rating/Model /Capacity/Size etc)*	*PO ref no/date*	*Supplied Quantity*	*Date of Supply*

17.	***Product satisfactory performance feedback letter/certificates/End User Feedback***	***Attached at annexure - F2.13***
18.	***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 – F2.14*** ***(if applicable)***
19.	***Statutory / mandatory certification for the proposed product***	***Applicable / Not applicable*** ***Details attached at Annexure – F2.15*** ***(if applicable)***
20.	***Copy of ISO 9001 certificate*** ***(if available)***	***Attached at Annexure – F2.16***
21.	***Product technical catalogues for proposed item (if available)***	***Details attached at Annexure – F2.17***

Name:		***Desig:***		***Sign:***		***Date:***	

Company's Seal/Stamp:-

CORPORATE QUALITY ASSURANCE

MAIN CONTRACTOR'S PROPOSAL CUM EVALUATION REPORT

Ref No:				***Date:***	
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)***	***Timeline for quantity requirements as per project schedule & whether the proposed Sub-vendor equipped with adequate capacity to supply proposed order quantity in time***

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 (Note:- Only relevant experience details w.r.t. proposed item/scope of subcontracting to be brought out here)***

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 & supply experience and is suitable for supplying the proposed item/scope of sub-contracting.

Name:		***Desig:***		***Contact No:***		***Sign:***		***Date:***	

Company's Seal/Stamp:-