


| | | |
|---|--|------------------|
|  | BHARTIA INDUSTRIES LIMITED | SCM (VD) |
| | Vendor Evaluation and Registration Form | Date |

Existing Vendor

Potential Vendor

A. General information

| | |
|--------------------|--|
| Name Of The Vendor | |
| Nature of Business | |
| Address | |
| Telephone | |
| Fax | |
| Email / Website | |

B. Legal Information

Type Of Vendor
 Sole Proprietor Partnership Public Ltd. Pvt. Ltd.

| | |
|---|--|
| Capital Invested (Rs.) | |
| Year of Incorporation | |
| Owners / Shareholders (Pls. specify % of Share) | |
| Mother Company | |
| Subsidiaries / Sister Concern | |
| Associated Projects | |
| SSI No.(If Yes ,Enclose Photocopy Of Registration Certificate) | |
| Excise Registration no. (Pls specify ECC no. Range, Division ..) | |
| LST no / CST No | |
| IT Permanent Account No | |
| Name & Address Of Banker / Financial Institution | |

C. Organization

| | Name | Cell No / Contact No | E mail ID |
|---------------------------------|------|----------------------|-----------|
| General Manager | | | |
| Sales In charge | | | |
| Quality In charge | | | |
| Purchasing In charge | | | |
| Industrial/Technical In charge | | | |
| Vendor's Contact Person for BCH | | | |
| Position | | | |
| Communication Language | | | |

**BHARTIA INDUSTRIES LIMITED****SCM (VD)****Vendor Evaluation and Registration Form**

Date

Employee Details (Please Attach Organisational Chart)

| | Employees | Production | Q.Control | Design/Engg. | Others(specify) | Total |
|---|---------------------|------------|-----------|--------------|-----------------|-------|
| A | Executives | | | | | |
| B | Staff | | | | | |
| C | Workers – Permanent | | | | | |
| D | Workers – Casuals | | | | | |
| | Total | | | | | |

Production working time

| | |
|-----------------------------------|--|
| Working timings for General Shift | |
| No of Shifts and their timings | |
| Weekly Off | |

D. Marketing information

| | 2000-2001 | 2001-2002 | 2002-2003 | 2003-2004 |
|----------------|-----------|-----------|-----------|-----------|
| Sales Turnover | | | | |
| Export % | | | | |

Figures in '000 Rs

Rank in the industry (Leader, medium size presence or low profile presence)

Core business and Products of the company
Range, Characteristics

Future Plans of the company in terms of expansion in product range tie ups , productivity etc

New acquisition of technologies etc.

Innovations done

E. Major Customers and their field of activities

| Name | Activity | Location | Turn Over % |
|------|----------|----------|-------------|
| | | | |



F. Source Of Raw Material

| Name | Activity | Location | % Purchasing Turnover |
|------|----------|----------|-----------------------|
| | | | |

Industrial and Quality Aspects

G. Land and Building

Total Present Land

Covered Area

Expansion Plans (if any)

| |
|--|
| |
| |
| |

H. Power

Sanctioned

Self Generated

| |
|--|
| |
| |

I. Industrial Management System (Please Describe Whether Manual Or Computerized, Give Details)

| |
|--|
| |
|--|

J. Lead Times & Batch size (Pls specify appropriate quantities)


| Batch sizes >>> | Small | Medium | Large |
|-------------------------|-------|--------|-------|
| Small sized components | | | |
| Medium sized components | | | |
| Large sized components | | | |

Specify Standard cycle time (days) / LeadTime for manufacturing cycle

| |
|--|
| |
|--|

K. Costs and prices

| | |
|---|--|
| Operator costs for skilled worker per month | |
| Machine hourly rate (including operator cost and machine depreciation). Give specific examples. | |
| Standard Payment term | |

| | | | |
|---|--|--|------------------|
|  | BHARTIA INDUSTRIES LIMITED | | SCM (VD) |
| | Vendor Evaluation and Registration Form | | Date |

L. Plant & Machinery Details

Provide the detail of machinery as per format given below as annexure

| Equipment Description | Make / Model | Nos. | Year Of Purchase <small>(Pls. specify if bought old or refurbished)</small> |
|--|--------------|------|--|
| A. <u>Manufacturing</u> B. <u>Tool Room</u> C. <u>Quality Control</u> D. <u>Any dedicated</u> machine or line | | | |

M. Designing Capabilities

Does the supplier has separate design capability & department Yes No

| | |
|--|--|
| If yes , pls. specify Design office scope to design and industrialise prototype (describe the department : size, computers , softwares, achievements...) | |
|--|--|

N. Quality control and assurance Is the Company Certified under **ISO-9000/IS-14000** Yes No

(If yes pls. give the following details and attach copy of certificate)

| | |
|-----------------------|--|
| Scope of certificate | |
| Certification Body | |
| Date of certification | |
| Name of MR | |

| | |
|--|--|
| Does the Company hold any other currently valid certification or approval from some competent authority. If yes, pls. Specify name and scope. | |
|--|--|

Level of Quality assurance (Pls. tick the activities which are undertaken in the subject organization)

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In coming material inspection (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In process inspection (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pre dispatch inspection(Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Quality plan (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tool history cards (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Preventive tool maintenance undertaken |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Process parameters record (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Calibration of instruments |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rejection analyses and control (Attach a copy of the format being used) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System for handling customer complaints |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Corrective action system |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the manufacturing have clear written operating procedures |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System to control and update drawings and quality records |

