ASSESSMENT FORM FOR APPENDIX- I (Revised)

INDIAN ORDNANCE FACTORIES VENDOR REGISTRATION REQUEST FORM

PART-I GENERAL INFORMATION

	(a)	REGD. OFFICE:	
		PIN	
		STD CODE: PH No 1:	
		Ph. No. 2: FAX:	
		E-MAIL:	
		MOBILE:	
	(b)	WORKS / FACTORY	
		PIN	
		STD CODE: PH No 1:	
		Ph. No. 2: FAX:	
		E-MAIL:	
		MOBILE:	
		PIN	•
		Ph. No. 2: FAX:	

CATEGO	RY OF INDUSTRY:	(Attach relevant registration	on docume	nts)					
a. LAR	GE SCALE.								
b. MEDIUM SCALE									
c. MSE	s (Micro and Small Enterpri	ises)							
d. MSE	s (Micro and Small Enterpris	ses) OWNED BY SC/ST EN	NTREPRE	NEURS					
		a may war p							
	F PROPRIETOR /M.D/PAR								
ADDRES	S:								
		PIN							
STD CODE: PH No 1:									
		Ph. No. 2:	Ph. No. 2: FAX:						
		E-MAIL:							
		MOBILE:							
DETAILS	OF TECHNICAL COLLA	BORATIONS (FOREIGN O	OR INDIG	ENOUS)					
SL.NO	PRODUCTS	NAME & ADDRESS	YEAR						
		OF		CURRENT OR					
		COLLABORATION		NOT					
	I .	1							

- 9. DETAILS OF FACTORY LAND & BUILDING (In Sq.Mtr.):
 (ATTACH DETAILED SITE PLAN OF LAY OUT OF PREMISES CLEARLY DEPICTING AREAS e.g. PRODUCTION AREA (APROX. LOCATION OF PLANT/MACHINERY STORES, BOND ROOM INSPECTION ETC. ALSO INDICATE BOUNDARY WALL)
 - •Total Covered area
 - Production Area
 - Bond Room Area
 - Inspection Room Area
 - Storage Area
 - Over all Area
- **10. i.** NAME OF BANKERS & ACCOUNT NOS. AND ADDRESS (WITH PHONE NO. STD CODE, PIN, FAX & E-MAIL)
 - PRINCIPAL BANKER
 - TYPE OF ACCOUNT
 - ACCOUNT NO. & IFSC code
 - CREDIT & OVERDRAFT FACILITY & LIMIT
 - ii. TAN DETAILS:
 - TAN NO.:
 - ADDRESS OF ASSESSING I.T.O
- 11. VALID EXCISE REGISTRATION NUMBER

- 12. AUDITED BALANCE SHEET & PROFIT & LOSS A/C FOR LAST THREE YEARS AND TOTAL ACCUMULATED LOSSES IF ANY.
 - **NOTE:** a. Firms having turn over less than Rs. 100 lakh may be allowed to submit unaudited Balance sheets as per income Tax Act subject to submission of affidavit as explained below.

But in above case, the firms may be asked to submit declaration with an affidavit from First class Magistrate stating that their business is not coming under section 44AB, 44AE, 44AF or 44BBB or any other section which is not exempted from submitting audited balance sheet.

The Firms falling under sections mentioned above shall have to submit audited Balance sheets even if their turn-over is less than Rs. 100 lakh.

- b. Some firms are found in existence for the period of less than 03 years as on date. Therefore, they are unable to submit the documents regarding IT returns, balance sheets & data against annual turnover for the last three yrs. In such cases Sr. GMs /GMs are authorized to provisionally register the firm having existence of less than 3 yrs. if the firm is found otherwise eligible for registration.
- 13. VALUE OF CURRENT ASSETS (AS PER BALANCE SHEET)
- 14. VALUE OF CURRENT LIABILITIES (AS PER BALANCE SHEET)
- **15.** DETAILS OF HYPOTHECATION
- **16.** RELEVANT INFORMATIONS WITH COMPLETE DETAILS ABOUT SISTER CONCERNS SUBSIDIARIES, IF ANY.
- 17. SOURCE OF FINANCE WITH BORROWING LIMIT AND BANK GUARANTEE.
- **18.** WHETHER EVER FILED OR PETITION FOR BANKCURRUPCY OR RE-ORGANISATION?
- **19.** WHETHER DEBARRED FROM GOVERNMENT CONTRACTS/ ORDNANCE FACTORIES?
- **20.** WHETHER CHANGED FIRM'S NAME IN LAST 5 YEARS (IF YES DETAILS OF PREVIOUS NAME REGISTRATION NO. & ADDRESS)

PREVIOUS 1	NAME REGISTRATION :	NO. & ADDRESS)		
DETAILS OF	F DEFENCE STORES FO	OR WHICH REGISTRA	TION IS SOUGHT:	
SL. NO.	NOMENCLATURE	SPECN. NO.	PRODUCTION	
			CAPACITY/MONTH	
•••••	••••	•••••	••••	
•••••	•••••	•••••	•••••	
		ON CAPACITY IN RES	PECT OF ITEMS FOR WHICH	
REGISTRAT	TION IS REQUIRED.			
INDIVIDUA	L FLOW PROCESS CHA	RT OF ALL THE ITEM	IS FOR WHICH REGISTRATION	V
IS REQD. TO	O BE FURNISHED. ATT	ACH SEPARATE SHEE	ET OF EACH ITEM.	
DETAILS O	F ITEMS PRODUCED IN	LAST 3 YEARS		
NAME OF	YEAR OF	PRODUCTION IN L	AST 03 YEARS	
PRODUCT	FIRST MFG.	YEAR QTY.	SUPPLIES TO	
	DETAILS OF SL. NO. BASIS OF E REGISTRATE INDIVIDUAL IS REQD. TO DETAILS OF NAME OF	DETAILS OF DEFENCE STORES FOR SL. NO. NOMENCLATURE BASIS OF ESTIMATED PRODUCTION REGISTRATION IS REQUIRED. INDIVIDUAL FLOW PROCESS CHAIS REQD. TO BE FURNISHED. ATT. DETAILS OF ITEMS PRODUCED IN NAME OF YEAR OF	BASIS OF ESTIMATED PRODUCTION CAPACITY IN RESERGISTRATION IS REQUIRED. INDIVIDUAL FLOW PROCESS CHART OF ALL THE ITEM IS REQD. TO BE FURNISHED. ATTACH SEPARATE SHEED DETAILS OF ITEMS PRODUCED IN LAST 3 YEARS NAME OF YEAR OF PRODUCTION IN LAST 3 YEARS NAME OF YEAR OF PRODUCTION IN LAST 3 YEARS	DETAILS OF DEFENCE STORES FOR WHICH REGISTRATION IS SOUGHT: SL. NO. NOMENCLATURE SPECN. NO. PRODUCTION CAPACITY/MONTH BASIS OF ESTIMATED PRODUCTION CAPACITY IN RESPECT OF ITEMS FOR WHICH REGISTRATION IS REQUIRED. INDIVIDUAL FLOW PROCESS CHART OF ALL THE ITEMS FOR WHICH REGISTRATION IS REQD. TO BE FURNISHED. ATTACH SEPARATE SHEET OF EACH ITEM. DETAILS OF ITEMS PRODUCED IN LAST 3 YEARS NAME OF YEAR OF PRODUCTION IN LAST 03 YEARS

ó.	(ATTA ITEMS	CH COPI BASI MAT	ES OF AG C RAW ERIAL	REEM SO IM	PORTED)) IGENOUS/	NAMES OF RAW MATERIA	AL SUPPLIERS
7.	FUTUR	E PLAN I	 F ANY , IN	N RESI ES/FA	PECT OF EXP	ANSION P	ROGRAMME / IN QUIPMENT ETC.	ISTALLATION :
	•••••	•••••		•••••		•••••		
3.					TEMS (Compo		Assy/ Assy/ Proce	esses) FROM
	SL. NO.	MAIN EQPT		np/Ass cesses	y/Sub Assy/		ME & ADDRESS B CONTRACTOR	
	b. DETA	AILS OF T	ESTING/(QUALI	TY CONTRO	L DONE B	Y SUB-CONTRAC	CTORS
		MAIN EQPT	DETAIL TEST	S OF	NAME AND SUB-CONTI		S OF LABORATORY	AGREEMENT (IF ANY)
).	` '				OF FACILIT NTRACTORS		ODUCTION OR	
	(GIV SL.				D FACILITY &		COPIES OF AGRE	· · · · · · · · · · · · · · · · · · ·
	NO.	MAI STO		FACIL	II Y/PROCE	33	NAME & ADDR OF SUB. CONTI	
		AILS OF (ACTING:				RESPECT OF AR	
	•••••			•••••			•••••	
	(c) DET	TAILS OF		_	LITY CONTR E TAILS		BY SUB. CONTR ME OF SUB. CO	
	NO.	MIAI	. 1		F TESTS	11/1	ME OF BOB. CO.	ITRACTOR

- NOTE (i) IN CASE OF AUTHORISED DEALERS/SOLE SELLING AGENT, DETAILS TO BE PROVIDED OF THEIR ORIGINAL MANUFACTURER BASED ON WHICH ASSESSMENT WILL BE DONE.
 - (ii) KINDLY NUMBER OR CODIFY THE EXTRA SHEETS & ANNEXURES & ENSURETHAT DOCUMENTS ARE LINKED PROPERLY ACCORDING TO SL.NOS. INTHIS PROFORMA.
 - (iii) WHEREVER SPACE IS INADEQUATE ATTACH EXTRA SHEETS WITH PROPERLINKING.
 - (iv) ALL SHEETS OF PROFORMA AS WELL AS EXTRA SHEETS & ANNEXURES MUST BE SIGNED AND STAMPED BY VENDOR.

PART-II

ADMINISTRATIVE INFORMATION

(Submission of relevant applicable documents against this section is mandatory)

- **30.** •VALID LICENSE FOR MAUFACTURING/BUSINESS
 - LICENSE NO.
 - DETAILS OF LICENSING AUTHORITY
 - VALIDITY PERIOD
 - VALID FOR PRODUCTS
- 31. VALID STATE/ VAT/ CENTRAL SALES TAX REGISTRATION CERTIFICATE.
- 32. OWNERSHIP OF FACTORY LAND & COMPANY BUILDING : OWNED/RENTED (ATTACH PROOF OF OWNERSHIP, AGREEMENT DETAILS)
- 33. COPY OF ELECTRICITY BILL
- **34.** ATTACH COPY OF VALID POLLUTION CLEARANCE CERTIFICATE FROM DESIGNATED STATUTORY AUTHORITY, IF APPLICABLE

PART-III

TECHNICAL & FINANCIAL INFORMATION

PART-III (A)- TECHNICAL

35. DETAILS OF REGISTRATION WITH (ATTACH RELEVANT COPIES OF REGISTRATION CERTIFICATE)

<u>Marks</u>

- a. NSIC b. SSI c. MSME
- d. DGS&D e. DGOA
- f. OTHER DEFENCE DEPARTMENTS
- g. ANY OTHER ORD. FYS. FOR DIFFERENT PRODUCT

Registered with any one of the above:

10

Registered with 2 or more of the above:

15

36.	NATU	IRE OF BUSI	NESS							
	a. MA	NUFACTURI	NG							30
				IZED AGENT						20
				SSOR/REPA						5
37.				ODUCTS & S	SERVIC	ES				10
		tical compone components	ents are be	ing supplied						10 5
									ANNUAL	
						LICENSE		L	PRODUCTION	
	S1.N	o. T	YPE	DESCRIPT	CION		ED CAPACITY	7	FOR PRECEDING	
						KANGLA	CAIACII	L	TWO YEARS	
				TION I INC.				T 1 5		
		(ATTA	ACH PROD	OUCT LITERA	ATURE (& LEAFLE'I	r, IF AVAI	LAB	LE)	
38.	DETA	IL OF IMPO	RTANT F	ACILITIES &	k INFRA	ASTRUCTU	RE AVAII	LABI	LE FOR	
	MANU	UFACTURIN	G THE ITE	EMS FOR WH	ICH RE	GISTRATIO	ON IS SOU	IGH1	:	
	` '		,						S & FIXTURES, LS ARE TO BE	
		,	,						& INSTALLED	
	CAPA	CITY ETC.)			ŕ					
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	ГАС		JKE AKEA	AND AGRE		LITY NOT				15 0
					11101					v
	(b) SP	ECIAL PURP	OSE M/C	(e.g. EDM,W	IRE CU'	T,LASER C	UT, ROBC	T etc	2.)	
	SL.	DESCRIP		MAKE &	QTY				ERCENTAGE	
	NO.	OF M/C &	MODEL			PURCHAS	SE COST		PRECIATION	
		SPECN				FACILITY	AVAILA		ER YEAR	5
						FACILITY			BLE	0
	(c) TO	OL ROOM N	METROLO	GY & TEST	EOUIPN	MENTS & F	FACILITIE	S.		
	SL.	TYPE OF	MAKE	QTY D	-		REQUENCY		APPROX	
	NO.	INST,	MODEL	PURCH	ASE	C.A.	FOR LIBRATIO	NAT.	CALIBRATION	
		GAUGES, TEST EQPT	•			CA	LIBKATIC	JΝ	CALIBRATION	
						FACILITY	AVAILA	BLE		5
					FAC	CILITY NOT	AVAILA	BLE		0
39.	DETA	ILS OF ELEC	CTRIC PO	WER:						
	a) SAI	NCTIONED	b) INSTAI	LED c) STA	ND BY	ARRANGE	MENT OF	POW	VER	
	(IND			GENERATO						
		Captive	e Power av	ailability (at	least 30°	% of install	ed capacity	y)		10

a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL SUPERVISORY ASSIT/CLERICAL ASSIT/CLERICAL LAB. TECHNICIANS		Sl.No.	Name of Reputed	Description of store	S.O. No. &	Order Oty.	Value	Qty. Supplied	Date of last	
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL SUPERVISORY ASSTT/CLERICAL LAB. TECHNICIANS LAB. TECHNICIANS TOTAL TOTAL TOTAL TOTAL TOTAL OF (a) > 50							1		,	J
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL										20 5
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL				`	NIMUM TI	HREE ORI	DERS):			
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a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL SUPERVISORY ASSTT/CLERICAL ASSTT/CLERICAL LAB. TECHNICIANS LABOURERS SKILLED TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL SO	43.				BLE::					10
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a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL		•••••			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			
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a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL		*		TED BY N.A.B.	L '	YES				15
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a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL ASSTT/CLERICAL ASSTT/CLERICAL TOTAL 1		a) EMDLO	VEEC WITH DEC		TION IN T	ECHNOLO	CV/ENCC			5
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL ASSTT/CLERICAL ASSTT/CLERICAL TOTAL 1				> 10 but < 50						5
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL ASSTT/CLERICAL LAB. TECHNICIANS. LABOURERS SKILLED.		TOTA	L OF (a)							10
a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL SUPERVISORY ASSTT/CLERICAL LAB. TECHNICIANS		TOTA	L		TO	TAL				
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a) TECHNICAL b) ADMINISTRATIVE MANAGERIAL MANAGERIAL					71001	17 CLLINIC	<i>1</i> 1	••••••		
a) TECHNICAL b) ADMINISTRATIVE						_				
40 DETAIL COEMAN DOWED EMPLOYED	40.	DETAILS	OF MAN POWE	R EMPLOYED :						

Sl.No.	Name of	Description	S.O.	Order	Value	Qty.	Date of
	Reputed	of store	No. &	Oty.		Supplied	last
	Customer	supplied	Date	-			Supply
1							

PART-III (B)- FINANCIAL

45.	INCOME TAX RETURNS FO	OR THREE	
	YEARS (of the firm)	SUBMITTED (2 or More years)	10
		SUBMITTED(1 year)	5
		NOT SUBMITTED	0
46.		OVER/SALES FOR LAST THREE YEARS to completed three years, avg. turnover to be calculated based on no. of	
	AVG. TURNOVER (Rs.)		
		>20Cr	20
		> 5 Cr to 20 Cr	15
		> 1 Cr to 5 Cr	10
		> 20 Lakh to 1 Cr	5
		< 20 Lakh	0
47.	TREND OF NET WORTH	(UPWARD TREND/STATIC TREND IN AT LEAST TWO	
	FOR LAST THEE YEARS	PREVIOUS YEAR)	5
	Year	DOWNWARD TREND	0
	(Net Worth=Total Asset-Total	Liability)	
48.	VALUE OF CAPITAL EMPL	OYED:	
		More than Rs. 10 Cr.	15
		Between 1 Cr. to 10 Cr.	10
		Between 20Lakh. to 1 Cr	5
		Less than Rs. 20L.	0
		Total of PART-III (B)- FINANCIAL	50
		GRAND TOTAL 240	
		DECLADATION	

DECLARATION

I/We confirm that the information furnished in Part I , II & III above are correct to the best of my knowledge & belief. In the event of any information given by me/us is found in-correct/false at any time, I/we understand our registration will be cancelled without notice, besides any other appropriate action against me/us.

DATE : PLACE :

NAME (S) IN CAPITAL LETTERS

SIGNATURE (S)

NOTE:

- 1 APPLICATION WITHOUT DOCUMENTS (AS APPLICABLE) AGAINST PART II NOT TO BE CONSIDERED.
- **Qualification of Firms based on assessment from above form:**

Maximum Marks = 240

Firm should obtain minimum 50% Marks in Part III (A) & Part III (B) combined to qualify for capacity verification.