

**MORMUGAO PORT TRUST**  
**MATERIALS MANAGEMENT DIVISION**  
**VASCO-DA-GAMA, GOA - 403802.**

**VENDOR REGISTRATION QUESTIONNAIRE**

Ref.: MM/V.R.-/

Date:

1. Name of the Firm / Company
2. Nature of Business - Whether Manufacturer / Authorised Agent/Trader/Dealer .
3. Items of manufacture/Agency/Service for which registration sought.
4. (a) Factory postal Address/Phone No./Fax No./E-mail No.  
(b) Registration Office Postal Address / Phone No. / Fax No. / Email No.  
(c) Sales Office Address/Phone No./Fax/E-mail No.  
(d) Correspondence Address / Phone No. for this registration/Fax No.
5. Whether Public Limited/Private Limited/Partnership/or Proprietary concern.
6. Name of Directors / Partners / Proprietor.
7. Name and Postal Address and Telephone No. of firms which any of your Proprietor/Partner/Directors are associated
8. Whether your firm is Registered under
  - (a) Small Scale Industries/NSIC/DGTD, Give details such as Regn. No. Date etc. with Photostat copy.
  - (b) Partnership, state whether Regd. under Indian Partnership Act, please give details.
  - (c) Indian Factories Act, Please give details.
  - (d) With any Govt. Undertaking/dept. If so attach Photostat copy of registration.
9. (a) Factory Licence No./Shop Establishment Act.  
Certificate/Registrar of firms certificate/Register of Company  
Incorporation Certificate (with Photostat copy)  
(b) For Drug Mfgs. only  
Drug Mfg. Licence with Photostat copy. Please State if you are a lone licensee.

10. (a) Local Sales Tax Regn. No. with Photostat copy.  
(b) CST Regn. No. with Photostat copy.  
(c) Attach latest ST Clearance Certificate.
11. (a) Income Tax Permanent Account No.  
(b) Attach Photostat copy of valid Income Tax.
12. Attach Memorandum/Articles of Assn. Partnership deed  
(Photostat copy/Documentary evidence of Proprietorship).
13. (a) Attach last year's Annual Report.  
(b) Balance Sheet (Photostat copy)
14. (a) Name of Bankers/Postal Address and Telephone No.  
(b) Give details of Bank's Credit facilities, solvency  
available to you. (Attach letter from Bankers)  
© Give details of Bank Guarantee available to you.
15. Paid Up/Invested Capital.
16. Approx. Annual Turnover in last three years (each year  
to be shown separately)
17. Names and Address of associated sister Mfgg/sub-contracting/Trading concern.
18. Names and Address of your Authorised Distributors/  
Dealer and their Phone Nos. /Fax No.
19. (a) If an authorised Dealers/Stockist/Sole Selling  
Agent/item under authorised Agency/Attach photostat copy of Authorised Agency Agreement)  
(b) Address & Telephone No. of Godown.
20. Date of commencement of Business.
21. (a) Major orders executed for Govt./Semi. Govt. Dept Public  
Sector Undertaking Attach details of order No. Date, Value  
etc. (Attached Xerox copies of five recent major Orders)  
  
(b) Attach performance report from atleast three of your  
major customers.

22. Number of employees in your firm

Qualified Engineers	Skilled	Semi Skilled	Unskilled	Total
---------------------	---------	--------------	-----------	-------

(a) Permanent

(b) Temporary:-

**Total**

(c) Attach category wise list of Skilled/Semi-Skilled Labour.

(d) Whether your employees are covered under ESI. If so attach last year's ESI contribution clearance Certificate.

(e) Whether your employees are covered under PF Act. If so, give the PF Code No./ Attach latest PF Contribution.

(f) Weekly off:- Factory \_\_\_\_\_ Office \_\_\_\_\_

23. (a) Plant area of your firm.  
 (b) Attach list of machinery & equipment installed giving size & type of M/C.S manufactured & year of Manufacture.  
 (c) (i) Attach list of equipments owned by you giving capacity make & year of manufacture (incase of hiring jobs)

25, (a) Do you as a regular practice subject your raw material to Chemical/Metallurgical & other tests before issuing them for production?

indicate the Name & address of Testing Agency.

Office

Covered-Uncovered-  
TOTAL

(area in Sq. Mtrs.)

(ii) Address & telephone No. Of  
Repairs & maintenance  
Workshop & list of machinery/  
equipment/tools (in case of  
hiring Jobs)

(d) Attach list Quality Control & inspection eqpt. & other standard measuring instruments.

(e) Indicate quality assurance Control system presently adopted by your organisation for guarantee quality product.

24. (a) Do you have Laboratory for Metallurgical/Physical/ Chemical Testing?

(b) Do you avail yourself of testing facilities outside your organization? If so, please

36. If stockists minimum stock held for each item [in Qty. & value]
37. Whether your products are on rate contract with DGSD, if so please furnish copy of the contract

OR

Do you depend wholly on supplier's certificate/ Gurantee?

26. Do You employ statistical mettdod for quality Control?
27. Do You conduct 100% inspection of all products prior to dispatch?

OR

**Do you conduct only percentage/random inspection?**

28. Give a brief write-up of the inspection and Quality Control Procedures followed by you.
29. No. of Shifts working per day.
30. Name and designation of officials who will directly negotiate or transact business with us.
31. Does your firm have any expansion Programme? If any please give details.
32. Attach details of products/services (Technical leaflets/ Literature/Price list)
33. Transport facility for delivery and collection of goods to and from our yard.
34. (a) Name and postal Address/Fax No. of the foreign collaborators, if any  
(b) Attach copy of foreign collaboration agreement  
© Name & Postal address of foreign Principles for Agency, if any.
35. If importers of Raw materials/Product, give details of import licence, name of the supplier.

38. (a) Whether your products confirm  
BS/DIN/ASTM/ ISS Standards  
(b) Whether your products are under ISI marking
39. Are you in a position to supply items duly  
approved and L1oyds/ABS/IRS/DNY/MMD/EIL  
etc.
40. Any other details which you wish to mention for  
judging your firms standing in the market

#### DECLARATION THE APPLICANT FIRM

I/We hereby declare that the information furnished above is correct and true to the best of my/our knowledge and belief.

I/We confirm that our Proprietor/Partner/Directors are not associated with any firm with which the business has been banned by the Central/State Govt. Dept./Public Sector Undertaking (Central/State Govt.)

Signature:

Name(in Block Letter)

Designation

SEAL OF COMPANY

Place:

Date:

- Notes: (a) Complete & definite answers must be given in the space provided, incase if it is not sufficient, extra sheet may be attached as enclosure.
- (b) The registration questionnaire duly filled complete in all respect (in a file) should be address to for evaluation and consideration.
- © AIC Payee DO for Rs. 500/- (Non - refundable) in favour of FA & CAO, Mormugao Port Trust, Headland Sada, Goa as processing fee should accompany alongwith the Registration Form. (Incase if not paid already)
- (d) Kindly contact Materials Manager, Materials Management Dept For clarification of any queries/doubts.

FOR OFFICE USE ONLY

Ref. No. - MM/Regn

Date Revised:

Date of issue

Materials Manger

