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


3. Items of manufacture/Agency/Service for which registration sought.

4. (a) Factory postal Address/Phone No./Fax No./Email 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 Mfgrs. only
        Drug Mfg. Licence with Photostat copy. Please State if you are a lone licenscee.
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.


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.


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

<table>
<thead>
<tr>
<th>Qualified Engineers</th>
<th>Skilled</th>
<th>Semi Skilled</th>
<th>Unskilled</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>(a) Permanent</td>
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<tr>
<td>(b) Temporary:-</td>
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</tbody>
</table>

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)

(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 Metallugical/Physical/ Chemical Testing?
(b) Do you avail yourself of testing facilities outside your organization? If so, please indicate the Name & address of Testing Agency.

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

Office

Covered-Uncovered-
TOTAL

(area in Sq. Mtrs.)
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/ Guarantee?

26. Do You employ statistical method 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 Loyds/ABS/IRS/DNY/MMD/EIL etc.
40. Any other details which you wish to mention for judging your firm's 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)

Desig
ratio

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.
(C) A/C 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 Manager