

**INDIAN ORDNANCE FACTORIES**

**VENDOR REGISTRATION REQUEST FORM**  
**(To be filled by Firm)**

**PART – I ADMINISTRATIVE INFORMATION**

1. NAME OF THE COMPANY/VENDOR  
.....  
.....

2. ADDRESS : (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.....

(In case of works at more than one location, a separate sheet to be attached for page 1 only)

3. ADDRESS OF LOCAL BRANCH/BRANCH OFFICE /SOLE SELLING AGENT ( IF ANY )  
.....  
.....  
..... PIN.....  
STD CODE ..... PH No 1: .....  
PH. No.2 ..... FAX.....  
E.MAIL.....MOBILE.....

4. DATE OF INCORPORATION OF THE COMPANY/ COMMENCEMENT OF PRODUCTION..  
.....

5. NATURE OF COMPANY.....  
( ATTACH RELEVANT COPIES OF INCORPORATION / PARTNERSHIP DEED/  
REGISTRATION OF ENTERPRISE )

- a. PROPRIETORY
- b. PVT. LIMITED
- c. P.S.U.
- d. PARTNERSHIP

6. CATEGORY OF INDUSTRY:  
 (a) LARGE SCALE. (Attach relevant registration documents)  
 (b) MEDIUM SCALE  
 (c) SMALL SCALE

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

- a. NSIC/SSI
- b. DGS&D
- c. DGQA
- d. OTHER DEFENCE DEPARTMENTS
- e. ANY OTHER ORD. FYS. FOR DIFFERENT PRODUCT

8. NAME OF PROPRIETOR /M.D/PARTNER

NAME.....  
 ADDRESS .....

.....PIN.....  
 STD CODE .....PH No 1: .....  
 PH. No.2 .....FAX.....  
 E.MAIL.....MOBILE.....

9. NATURE OF BUSINESS.....

- a. MANUFACTURING
- b. SOLE SELLING/AUTHORIZED AGENT
- c. TRADER/DEALER/PROCESSOR/REPACKER

10. DETAILS OF CURRENT PRODUCTS & SERVICES

SL. NO.	TYPE	DESCRIPTION	LICENSED/INSTALLED RANGE/CAPACITY	ANNUAL PRODUCTION FOR PRECEDING TWO YEARS

( ATTACH PRODUCT LITERATURE & LEAFLET, IF AVAILABLE )

11. DETAILS OF TECHNICAL COLLABORATIONS ( FOREIGN OR INDIGENOUS )

SL. NO.	PRODUCT	NAME & ADDRESS OF COLLABORATOR	YEAR	CURRENT OR NOT

12. DETAILS OF MAJOR CUSTOMERS ALONGWITH LIST OF ITEMS SUPPLIED TO INDIVIDUAL CUSTOMER

SL. NO.	NAME & ADDRESS	PRODUCT SUPPLIED	S.O. NO. & DATE	DATE OF LAST SUPPLY	VALUE

**PART - II FINANCIAL INFORMATION**

13. i. NAME OF BANKERS & ACCOUNT NOS. AND ADDRESS (WITH PHONE NO. STD CODE, PIN, FAX & E-MAIL)
- PRINCIPAL BANKER
  - TYPE OF ACCOUNT
  - ACCOUNT NO.
  - CREDIT & OVERDRAFT FACILITY & LIMIT
- ii. TAN DETAILS
- TAN NO.
  - ADDRESS OF ASSESSING I.T.O
14. INCOME TAX RETURNS FOR THREE YEARS.
15. VALID LICENSE FOR PRODUCTION
- LICENSE NO.
  - DETAILS OF LICENSING AUTHORITY
  - VALIDITY PERIOD
  - VALID FOR PRODUCTS
16. VALID EXCISE REGISTRATION NUMBER
17. VALID STATE/ VAT/ CENTRAL SALES TAX REGISTRATION CERTIFICATE.
18. OWNERSHIP OF FACTORY LAND & BUILDING COMPANY : OWNED/RENTED ( ATTACH PROOF OF OWNERSHIP, AGREEMENT DETAILED SITE PLAN OF LAY OUT OF PREMISES CLEARLY DEPICTING AREAS EG. PRODUCTION AREA ( APROX. LOCATION OF PLANT/MACHINERY STORES, BOND ROOM, INSPECTION ETC. ALSO INDICATE BOUNDARY WALL )
- Production Area
  - Bond Room Area
  - Inspection Room Area
  - Storage Area
  - Over all Area

19. INDICATE ANNUAL TURNOVER/SALES FOR LAST THREE YEARS AND PRESENT NET WORTH OF THE FIRM & STATUS OF ORDERS IN HAND.
20. 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. 40 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. 40 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 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.

21. VALUE OF CAPITAL EMPLOYED
22. VALUE OF CURRENT ASSETS ( AS PER BALANCE SHEET)
23. VALUE OF CURRENT LIABILITIES ( AS PER BALANCE SHEET)
24. DETAILS OF HYPOTHECATION
25. RELEVANT INFORMATIONS WITH COMPLETE DETAILS ABOUT SISTER CONCERNS SUBSIDIARIES, IF ANY.
26. SOURCE OF FINANCE WITH BORROWING LIMIT AND BANK GUARANTEE.
27. WHETHER EVER FILED OR PETITION FOR BANKCURREPCY OR RE-ORGANISATION?
28. WHETHER DEBARRED FROM GOVERNMENT CONTRACTS/ ORDNANCE FACTORIES?
29. WHETHER TERMINATED FOR CONTRACT NON-PERFORMANCE?
30. WHETHER CHANGED FIRM'S NAME IN LAST 5 YEARS (IF YES DETAILS OF PREVIOUS NAME REGISTRATION NO. & ADDRESS)

### **PART – III TECHNICAL**

31. TOTAL AREA OF FACTORY PREMISES :

<b>TOTAL AREA (SQR. MTR.)</b>	<b>COVERED AREA/FLOOR AREA ( SQR. MTR.)</b>	<b>BOND SPACE NO. OF ROOMS</b>	<b>SQR. MTR.</b>
-----------------------------------	---	------------------------------------	------------------

32. DETAILS OF ELECTRIC POWER :

- a) SANCTIONED .....
- b) INSTALLED .....
- c) STAND BY ARRANGEMENT OF POWER.....  
( INDICATE CAPACITY OF GENERATOR )

33. DETAILS OF MAN POWER EMPLOYED :

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| a) TECHNICAL<br>MANAGERIAL..... | b) ADMINISTRATIVE<br>MANAGERIAL..... |
| SUPERVISORY.....                | ASSTT/CLERICAL.....                  |
| LAB. TECHNICIANS.....           |                                      |
| LABOURERS SKILLED.....          |                                      |
| <b>TOTAL.....</b>               | <b>TOTAL.....</b>                    |

- c) EMPLOYEES WITH DEGREE QUALIFICATION IN TECHNOLOGY/ENGG.
- d) EMPLOYEES WITH DIPLOMA QUALIFICATION IN ENGG.
- e) EMPLOYEES WITH ITI DIPLOMA IN ANY ENGG. TRADE

34. a) DETAILS OF DEFENCE STORES FOR WHICH REGISTRATION IS SOUGHT :

SL. NO.	NOMENCLATURE	SPECN. NO.	PRODUCTION CAPACITY
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

35. (a) DETAILS OF BOUGHT OUT ITEMS (Component /Sub Assy/ Assy/ Processes) FROM SUB CONTRACTORS :

(Attach copies of agreements, if any)

---

SL. NO.	MAIN EQPT	Comp/Assy/Sub Assy/ Processes	NAME & ADDRESS OF THE SUB CONTRACTOR
---------	-----------	----------------------------------	---

---

(b) DETAILS OF TESTING/QUALITY CONTROL DONE BY SUB-CONTRACTORS  
(Attach copies of agreements where applicable)

---

SL. NO.	MAIN EQPT	DETAILS OF TEST	NAME AND ADDRESS OF SUB-CONTRACTOR/LABORATORY	AGREEMENT (IF ANY)
---------	-----------	-----------------	--	-----------------------

---

36. DETAIL OF IMPORTANT FACILITIES & INFRASTRUCTURE AS PER FOLLOWING FORMAT:

(a) PRODUCTION ( Including Heat Treatment, Dies, Jigs & Fixtures, spinning , weaving, wet processing, printing etc. details are to be furnished on type/make of plant, licensed capacity & installed capacity etc.)

(b) SPECIAL PURPOSE M/C (Like NC,EDM), CAD/CAM, ROBOT etc

SL. NO.	DESCRIPTION OF M/C & SPECN	MAKE & MODEL	QTY	DATE OF PURCHASE	APPX COST	PERCENTAGE DEPRECIATION PER YEAR
---------	----------------------------	--------------	-----	------------------	-----------	----------------------------------

(c) TOOL ROOM, METROLOGY & TEST EQUIPMENTS & FACILITIES:

SL. NO.	TYPE OF INST, GAUGES, TEST EQPT	MAKE MODEL	QTY	DATE OF PURCHASE	FREQUENCY FOR CALIBRATION	APPROX COST
---------	---------------------------------	------------	-----	------------------	---------------------------	-------------

37. DETAILS OF ITEMS PRODUCED IN LAST 3 YEARS

NAME OF PRODUCT	YEAR OF FIRST MFG.	PRODUCTION YEAR	QTY.	IN LAST 03 YEARS	SUPPLIES TO
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

38. INDIVIDUAL FLOW PROCESS CHART OF ALL THE ITEMS FOR WHICH REGISTRATION IS REQD. TO BE FURNISHED ATTACH SEPARATE SHEET OF EACH ITEM.

39. BASIS OF ESTIMATED PRODUCTION CAPACITY IN RESPECT OF ITEMS FOR WHICH REGISTRATION IS REQUIRED.

.....

.....

40. SOURCE OF RAW MATERIAL FOR EACH OF ABOVE ITEMS : ( ATTACH COPIES OF AGREEMENT, IF ANY )

ITEMS	BASIC RAW MATERIAL	SOURCE ( INDIGENOUS/ IMPORTED )	NAMES OF MAJOR RAW MATERIAL SUPPLIERS
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

41. DETAILS OF INSPECTION & QUALITY CONTROL OF FACILITIES

- a) LAB. EQUIPMENT & NO. OF TRAINED TECH. IN LAB.
- b) IS THE LAB. ACCREDITED BY N.A.B.L
- c) VALID UP TO
- d) TYPE OF LAB
- e) ASSISTANCE FROM OR DEPENDENCE ON ANY CENTRAL AGENCY FOR TESTING/CALIBRATION ETC. ( FURNISHED DETAILS )

.....  
 .....  
 .....

42. IS COMPANY ISO 9001:2000 CERTIFIED (IF YES GIVE DETAILS)

- a. DATE OF CERTIFICATION
- b. CERTIFYING BODY
- c. LAST AUDITED ON
- d. VALID UP TO

43. DETAILS OF R&D FACILITIES AVAILABLE :

.....  
 .....

44. FUTURE PLAN IF ANY , IN RESPECT OF EXPANSION PROGRAMME / INSTALLATION OF ADDITIONAL MACHINES / FACILITIES & TESTING EQUIPMENT ETC. :

.....  
 .....

45. (a) DETAILS OF OUTSOURCING OF FACILITIES OF PRODUCTION OR PROCESSING FROM SUB. CONTRACTORS :

( GIVE ITEM WISE OUTSOURCED FACILITY & ATTACH COPIES OF AGREEMENT)

SL. NO.	MAIN STORE	FACILITY/PROCESS	NAME & ADDRESS OF SUB. CONTRACTOR
---------	------------	------------------	-----------------------------------

.....  
 .....  
 .....

(b) DETAILS OF CAPACITY OF SUB. CONTRACTOR IN RESPECT OF AREAS OF SUB. CONTRACTING :

.....  
 .....

(c) DETAILS OF TESTING /QUALITY CONTROL DONE BY SUB. CONTRACTOR

SL. NO.	MAIN STORE	DETAILS OF TESTS	NAME OF SUB. CONTRACTOR
---------	------------	------------------	-------------------------

46. Details of Successfully completed Supply Orders in last 3 years:

Name of OF	Description of store supplied	Order Qty.	Qty.Supplied	S.O. No. & Date
1				
2				

- 47. ATTACH COPY OF VALID POLLUTION CLEARANCE CERTIFICATE FROM DESIGNATED STATUTORY AUTHORITY.
- 48. COMPANY BROCHURE / CATALOGUE AND LITERATURE TO BE ENCLOSED

- NOTE**
- (I) KINDLY NUMBER OR CODIFY THE EXTRA SHEETS & ANNEXURES & ENSURE THAT DOCUMENTS ARE LINKED PROPERLY ACCORDING TO SL. NOS. IN THIS PROFORMA.
  - (II) WHEREVER SPACE IS INADEQUATE ATTACH EXTRA SHEETS WITH PROPER LINKING.
  - (III) ALL SHEETS OF PROFORMA AS WELL AS EXTRA SHEETS & ANNEXURES MUST BE SIGNED AND STAMPED BY VENDOR.

**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**

**SIGNATURE (S)**

**PLACE**

**NAME (S) IN CAPITAL LETTERS**