

Dear Sir,

VENDOR REGISTRATION

We are glad to inform that we are in the process of obtaining ISO 9001:2015 & ISO 22000: 2005 Certification.

Kindly fill in & send us back the attached "Vendor Assessment Form" at the earliest.

Kindly note that we would not be able to register suppliers without Vendor Assessment form.

Your co-operation in this matter will be highly appreciated.

With regards,

For,

Authorized Signatory



VENDOR ASSESSMENT FORM

F: PUR: 01/00/15/09/17

Vendor's Name					
Type of Concern	<input type="checkbox"/> Proprietors	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd.	<input type="checkbox"/> Ltd	<input type="checkbox"/> Any Other
Address (Office)					
Address (Works)					
Contact Person & Designation					
Telephone / Fax No.					
Mobile Nos.					
E-Mail Address					
Weekly Off / Working Hours					
Business Activities	<input type="checkbox"/> Trading	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services		
No. of Employees	Technical		Non-Technical		
Year of Commencement					
G. S. T. No. (Goods & Service Tax)					
Bank Detail	Bank A/C No. :			Bank Name:	
	IFS Code:			Branch Name:	
PAN Number					
E.D. Tariff No. (if applicable)					
SSI Regn. No. (if applicable)					
Turnover of Previous Year					
Projected Current Year Turnover					
Do you hold ISO 9000/22000/14000					
Business with us during last year in Amount					
Range of Products / Services Offered					



VENDOR ASSESSMENT FORM

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Major Customers (Attach separate sheet if required)			
Particulars of Plant & Machinery			
Details of Quality Control Department			
Is regular calibration of all instruments done	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have Quality Control Laboratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Major testing Instruments available			
Information Furnished By			
Name			
Designation			
Date			
Place			
Signature with company's seal			
OFFICE USE ONLY			
Status of Supplier	<input type="checkbox"/> New	<input type="checkbox"/> Established	
If new supplier/new product, type of Assessment Status			
<input type="checkbox"/> By Visit	<input type="checkbox"/> By Registration Form Details		
<input type="checkbox"/> By Placing Trial Orders	<input type="checkbox"/> Based on Past Experience		
REMARKS OF THE ASSESSMENT AUTHORITY			
Assessment Status	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	
Approved By		Date	