PRE-QUALIFICATION INFORMATION

(To be filled up and submitted by the vendor) (This information will be treated as CONFIDENTIAL)

1.	Name of the firm:					
2.	Address:					
(a)	(a)Registered office with					
	ephone No./ Fax / Telex any)					
Tel	Factory / works with ephone No./Fax /Telex any)					
3.	Year of establishment/incorpora	ation				
4.	(a) Category of industry(b) Nature of company	:	Large / Medium / Small Scale Proprietary / Partnership Private Limited / Public Limited/Ex- serviceman.			
5.	Nature of Business	:	Manufacture / Processor/ Trader /sole Selling or Authorized agent / Assembler/ Repacked / Services.			

6.	Detail	s of products / services	:		
	Currer	ntly dealt with			
	(Attac	h Details / literature).			
7.	Detail	s of Defence items for	:		
	Which	assessment/registration is des	ired.		
(a)	Involv	ving design and development.			
(b)	Involv	ving Indigenization			
(c)	Produc	ction / processing			
(d)	Any ot	her type of item / Service			
		he items with Defence Cat / pa ach details on separate sheets f			nd Specification/Drawing No. of ra if required.)
8.	Catego	ory / Type and range of	:		
F	Plant aı	nd machinery installed			
((Give de	etails on separate sheet if requi	red)		
9.	Do yo	u have capability for	:		
	Items	indicated against column 7 abo	ve in r	espect of	
	(a)	Design and development	-	Yes / No	
	(b)	Manufacturing the items	-	Yes / No	
	(c)	Quality control / Testing	-	Yes / No	
		facilities			
10.	Give	details of man power	:	Nos.	Qualification
	Emp	loyed on your payroll			
	(a)	Technical / Supervisory	-		
	(b)	Skilled workers (Permanent)	-		
	(c)	Unskilled workers (Casual)	-		
	(d)	Unskilled workers (Permanen	t) -		

	(e)	Administration		-			
11.	Turno	over during last three		-	Year		Turnover in
	Financial years separately						Rs. Crore/Lakhs
	(Attac	ch audited balance sheets	and p	rofit	and loss	statemen	t).
12.	Detai	Is of registration with		:			
	other	Government agencies					
	(Attac	ch copies of registration					
	letters	s / Certificates)					
	(a)	NSIC / SSI	-	Reg	n No.	Year	
	(b)	Other defence departme	nt				
	(c) [DGS&D					
	(d) A	ny other Govt. departme	nt				
13.	Have	you ever applied to any		-	Yes / N	No	
	Other	discipline of DGQA					
	Organ	ization for registration					
	Earlie	r.					
14.	If yes, give following details						
	(a)Authority to whom applied						
	(b)Date						
	(c)Ite	m applied for					
	(d)Re	sult of application with					
Det	ails viz	. Regn No. if registered ar	nd reas	sons i	f Not re	gistered.	
15.	Any o	other relevant informatio	n				
e.g	gappro	oval of Quality by any					
Oth	er agei	ncy (BIS), ISO-9000					
Cert	tificatio	on, Export Quality					
Cert	tificatio	on, Membership details					
of F	ICCI / A	ASSOCHAM / CII/					

Seal of the firm	:	Signature:-
		Name
Date :		Designation

AIMO & other industrial Organizations etc.

Note: - This information is to be submitted to concerned AHSP / Area SQAE. After scrutiny if it is decided to carry out Vendor Assessment, the firm will be suitably informed and will have to pay assessment fee at prescribed rate prior to assessment.