

# ITI LIMITED RAEBARELI

## Vendor Registration Procedure

### Norms for Vendor Registration

1. Request for registration can be considered only for items used for production.
2. The vendor shall be Direct Manufacturer OR an Authorized Agent / Distributor / Dealer of reputed manufacturers with the authorization letter from the Principals.
3. Only in the absence of any authorized agent / distributor, general dealers may be considered. However, such dealers must be an authorized dealer of at least one manufacturer approved by ITI Limited. Such general dealers shall not be considered for routine bulk enquiries, except for small quantity, obsolete and hard to find items.
4. However for Mechanical Components the norms at No. 2 and 3 does not apply strictly.
5. The vendor should have a good financial back up and also supply references of reputed customers in public sector, large scale companies / organizations.
6. Approval shall be granted only after studying VEQ (Vendor Evaluation Questionnaire). Sample evaluation may also be carried out, if required, for which supplier shall supply free samples.
7. Foreign vendors may be considered for registration based on their reputation and scrutiny of data available like technical spec, company profile, quality info., etc.
8. The vendor shall preferably have an office in Raebareli
9. Purchase order shall be released on registered and approved vendors only.

### **Procedure**

#### **Step I**

Download the Format and submit the filled-in VEQ along with the relevant documents and the non-refundable fee for the VEQ as follows in form of Demand Draft / Pay Order in favour of ITI Limited, Raebareli, to the undersigned.

- |    |   |   |         |
|----|---|---|---------|
| a. | For Small Scale Industry Manufacturers                        | : | Rs.500  |
| b. | For Medium / Large Scale Industries / Manufacturers           | : | Rs.1000 |
| c. | For Authorized Agent / Stockist / Dealer and other Categories | : | Rs.500  |

## **Step II**

ITI will study VEQ and supporting documents and if found suitable, they will be informed for further action.

## **Step III**

These vendors premises shall be surveyed and they shall be asked to submit free samples for evaluation as per the requirement of individual cases. Based on reports, registration of vendor shall be considered.

- a. To view the standard format of VEQ for manufacturers please, refer subsequent pages (1 to 4) of the specified format.
- b. To view the standard format of VEQ for Agents / Distributors/Stockiest please refer subsequent pages (1 to 2) of the specified format.

For any clarification and information the undersigned may please be contacted.

**Dy General Manager (QA)**  
**VENDOR DEVELOPMENT CELL**  
**ITI LIMITED, DOORBHASH NAGAR**  
**RAE BARELI-229010**  
**Ph No: 91-0535-287172, 287568, 2202247**  
**FAX NO. ; 0535 – 2202589,2202454,2202106**  
**E-mail: iti\_rbl@itilttd.co.in**

Standard Format for VEQ for Manufacturer
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**ITI LIMITED**  
**VENDER DEVELOPMENT CELL**  
**DOORBHASH NAGAR**  
**RAEBARELI-229010**  
**VENDOR EVALUATION QUESTIONNAIRE**  
**(For Manufacturers)**

**NO:RB/Mfrs/**  
**E-mail: iti\_rbl@itilttd.co.in**  
**Phone : 0535-287172/287568/2202247**  
**FAX : 0535-2202106/2202589**  
**Issuing Date: \_\_\_\_\_**  
**Issued by: \_\_\_\_\_ Design: \_\_\_\_\_**  
**Signature: \_\_\_\_\_ Name: \_\_\_\_\_**

- 1. All Entries shall be type-written                      2. Incomplete Questionnaire will not be considered.**  
**3. Enclosures may be attached wherever space is inadequate.**

<b>1(a) Name of the Industry</b>	
<b>(b) Office Address</b>	
<b>Name of the Contact Person</b>	<b>Ph No.:                      Fax:</b> <b>E-mail:</b>
<b>© Works Address</b>	
<b>Name of the Contact Person</b>	<b>Ph No.:                      Fax:</b> <b>E-mail:</b>
<b>(d) Mailing Address</b>	
<b>(e) Name &amp; Address of Local Representative</b>	
<b>Name of the Contact Person</b>	<b>Ph No.:                      Fax:</b> <b>E-mail:</b>
<b>2 Category of Industry</b>	<b>SSI/ Medium Scale / Large Scale</b>
<b>3 Name of the Product offered</b> <b>(details of Specifications, Range &amp; Size etc., may be furnished along With catalogue if available)</b>	
<b>4 Year of Establishment</b>	
<b>5 Registration No.</b> <b>(Photo Copy to be enclosed)</b>	
<b>6 (a) Ownership Status</b>	<b>Proprietorship / Partnership / Limited Company</b>
<b>(b) Investment Status</b>	<b>Own Capital / Paid – up Capital</b>

7 <b>Financial Status:</b> <b>(Enclose Copies of the latest Balance Sheet/ Annual Report)</b> <b>If Not provided, mention reasons</b>	<b>Provided / Not Provided</b>	
8 <b>State Sales Tax No.:</b> <b>Central Sales Tax No.:</b> <b>(Encl. Certificates)</b>		
<b>Do you have CENVAT facility</b> <b>(if yes, give details)</b>	<b>Yes / No</b>	
9 <b>Personnel Currently Employed</b>	a) <b>Management</b>	
	b) <b>Production</b>	
	c) <b>Quality</b>	
	d) <b>Total</b>	
<b>10(a) ANNUAL CAPACITY</b>		
<b>Product – wise</b>	<b>In physical terms</b>	<b>Value in Rs.</b>
<b>(b) Orders Executed before Last Year</b>		
<b>Product – wise</b>	<b>In physical terms</b>	<b>Value in Rs.</b>
<b>(c) Orders Executed Last Year</b>		
<b>Product – wise</b>	<b>In physical terms</b>	<b>Value in Rs.</b>
11 <b>Have you supplied any item to ITI Bangalore Plant / Other Plants, during last 2 years ?(If supplied, &amp; accepted , furnish details along with photocopy of purchase order)</b>	<b>Supplied / Not Supplied</b>	

**12 DETAILS OF PROMINENT CUSTOMERS AND THE ITEMS SUPPLIED DURING LAST YEAR WITH VALUE  
(PHOTOCOPY OF PURCHASE ORDER MAY BE FURNISHED)**

Name of Customer	Item	Value in Rs.

**13 Quality System:**  
Whether the company is certified to any International ISO 9000/ISO14000 Standard. (if Yes encl. Photo copy)

Yes / No

**14 PRODUCTION FACILITIES**

a) Furnish the details of machinery / Equipments

Sl. No.	Description of Plant / Machinery	Size/ Capacity	No. of M/C Available	Date of Installation	Make/Brand

b) Tool Room Facilities: (If no facility is available , furnish the details from whom do you avail the same)

Sl. No	Description of Plant / Machinery	Size/ Capacity	No. of M/C Available	Date of Installation	Make/Brand

**15** **Details of major raw material/ Component used for production**

Raw materials / Components	Suppliers name & Address

**1 6(a) List out Testing Equipments for incoming Materials and for items Manufactured?(If In – house Inspection facility is not available, state the alternative arrangement provided):**

**17 Other useful information., If any:**

**DECLARATION**

**I / We hereby declare that all statements made in this application from for enlistment of Vendor are true, complete and correct to the best of my / our knowledge. In the event of any information being found false or incorrect , the enlistment and any Purchase Orders placed on our firm may be cancelled. Found false or incorrect , the enlistment and any Purchase Orders placed on our firm may be cancelled.**

**Seal of the Company**

**Signature & Date  
Name & Designation**

**List of Enclosures**

- 1)
- 2)
- 3)
- 4)
- 5)

**Note: Any changes on the above information to be immediately conveyed to Vendor Development Cell for further action.**

**For office use only**

**Name Of the vendor : M/s  
Ref:  
Chq. / DD.Ref.:**



<b>9 a) State/Central sales tax reg. No. (Encl. Certificates)</b> <b>b) Do you have CENVAT facility? If yes, Give details.</b>	
<b>10 Income Tax clearance certificate</b>	<b>Year:</b>
	<b>Certificate enclosed:                      Yes/No.</b>
<b>11 Financial status(copy of the latest balance sheet/annual report to be enclosed)</b>	<b>Year:</b>
	<b>Certificate enclosed:                      Yes/No.</b>
<b>12 Any other useful information</b>	

**DECLARATION**

**I / We hereby declare that all statements made in this application from for enlistment of Vendor are true, complete and correct to the best of my / our knowledge. In the event of any information being found false or incorrect , the enlistment and any Purchase Orders placed on our firm may be cancelled. Found false or incorrect , the enlistment and any Purchase Orders placed on our firm may be cancelled.**

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**Name Of the vendor : M/s**  
**Ref:**  
**Chq. / DD.Ref.:**