



JINDAL STEEL & POWER LIMITED

Materials Management Department
 P.B No.16, Kharsia Road,
 RAIGARH – 496 001 (C.G.), INDIA

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DOMESTIC

VENDOR ASSESSMENT FORM PART-I

No.

1	VENDOR NAME : _____					
GENERAL DETAILS: (Please tick / specify the suitable in adjacent box)	Type of Firm		Material Supply		Work / Services	
	Proprietor		Manufacturer		Contractor	
	Partnership		Authorized Dealer		Consultant	
	Company		Trader		Transporter	
	PSU		Importer, Stockist		Agent	
	NGO		Channel Partner		Others*	
Establishment Year	Others, please specify					
2	Contact / Marketing Office Address: _____ (Do not write the firm/company name here)					
Address: _____						
City:		Pin Code:		State :		Fax No.:
Contact Person		Phone(O)	Phone(R)	Mobile	Email	
This shall be our ordering address. (Please strike off if this is not ordering address. Ordering address can be only one.)						
Head Office Address: _____ (Do not write the firm/company name here)						
Address: _____						
City:		Pin Code:		State :		Fax No.:
Contact Person		Phone(O)	Phone(R)	Mobile	Email	
This shall be our ordering address. (Please strike off if this is not ordering address. Ordering address can be only one.)						
Nearest Works / Shipping Address (Attach sheet if more than 1): _____ (Do not write the firm/company name here)						
Address: _____						
City:		Pin Code:		State :		Fax No.:
Contact Person		Phone(O)	Phone(R)	Mobile	Email	
This shall be our ordering address. (Please strike off if this is not ordering address. Ordering address can be only one.)						
Auth. Dealer (Name): _____						
Address: _____						
City:		Pin Code:		State :		Fax No.:
Contact Person		Phone(O)	Phone(R)	Mobile	Email	
Please furnish other addresses (if any) in a separate sheet.						
3	REGISTRATION NOS.:		SSI Registration No.		Valid till:	
LST		CST		TIN		PAN
ECC		RANGE		DIVISION		
For Service Providers:- Service Tax Reg. No.:				PF Reg. No.		
Annual Turnover Rs.:				Labour Liscence No.		
Financial year						
SIGNATURE: VENDOR'S AUTHORIZED SIGNATORY						

4 Product Details :

Does company sell its product directly to end customer Yes / No

Sr.	Product Manufactured / Stocked Services Rendered	Delivery Period (Days)	Min. Order Qty.	Min. Order Value	After Sales Service (Y/N)

How will you cater to our Urgent Requirements? _____

5 Technical Details :

Sr.	Manufacturing & Testing Facilities / Equipments * Available (In-house)	Capacity			Remarks
		Installed	Licensed	Utilized	

* Separate catalogues / pamphlets / brochures may be attached. Contractor must attach equipment list.

6 Quality System :

(a) Certification : ISO _____ Certified by _____ /under process / Not Certified.
 (a) Certification : TQM _____ Certified by _____ /under process / Not Certified.
 (a) Certification : TPM _____ Certified by _____ /under process / Not Certified.
 (b) Do you have Quality Assurance Plan? Yes No (If yes, please attach copy of the same)
 (c) Material Test Certificate : Self Certification / Third party Certification/Not provided/Not applicable. (Please tick the appropriate)
 (d) Other Quality Certification : _____

7 Organizational Details :

(a) No. of Staff: _____ (b) No. of Workers : Trained: _____ Skilled: _____ Unskilled: _____
 * Please attach sheet giving technical / professional skills & qualifications of key persons.
 (b) Do you have any other sister concerns? Yes No (Please tick the appropriate)
 If yes, please give the details:

Sr..	Name of Sister Concern	Name of Items they Deal / Manufacture	Are they already supplying to us (Yes / No)	Vendor Code, if registered at JSPL

8 Bank Details : (Remittance of payment by electronics mode)

Banker's Name: _____ MICR Code No.: _____
 Branch name & Address: _____ IFCS code: _____
 Account No.: _____ Account Type: _____

Certified that the Bank details furnished above are correct as per our records.

	SIGNATURE: VENDOR'S AUTHORIZED SIGNATORY
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9 Payment Terms:

Guarantee:

Policy of Discounts :

a) Quantity Discount: _____

b) Cash Discount: _____

c) Turnover Discount: _____

d) Any other: _____

10 Works at:

Warehouses at: _____

11 Major Clients / Customers:

Please give list of your clients giving Repeated Business for last 3 years and attach copies of POs executed for them.

IF THE COMPANY IS ALREADY REGISTERED WITH ANY OF JINDAL UNITS,GIVE UNIT NAME AND ATTACH LATEST PO COPY

Sr.	Client / Customer Name	Materials Supplied

Any other Remarks: _____

Terms & Conditions:

1. Furnishing information in the " Vendor Assessment Form" does not constitute acceptance as an approved & registered vendor.
2. The form must be complete in all respects, failing which the form will not be considered to add up in our vendor database.
3. This Vendor Assessment Form does not guarantee the receipt of notification for all applicable solicitations or invitation to offer or placing of any purchase order or participation in bid or floating of Request for Quotation.
4. The Vendor is solely responsible a) for providing all material information, whether required by this form or not and; b) for the information provided in / with this form c) for providing additional information as and when required by JSPL.
4. Expected changes, if any, shall be informed to JSPL by the Vendor well in advance and if not possible, within 7 days of happening of the change.
5. JSPL reserves the rights to assess the vendor periodically and to decide the continuation / discontinuation of business with the vendor based on assessment report.
6. Representative of JSPL or their nominated agency has the right to visit vendor's premises for the verification of information with a prior intimation to the Vendor.
7. At later date if it is found that the information furnished is untrue, inaccurate, not current, or is incomplete, JSPL reserve the right to suspend or terminate the registration and recover the dues (if any) from the vendor.

All the information furnished above and the documents attached herewith are true and correct.

Remarks, If any: _____

All the terms and condition mentioned above are accepted.

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Name _____ **Signature** _____

Designation _____ **Date** _____

Mobile No. _____ **Seal** _____

E-Mail ID _____

ABOVE TO BE ENDORSED BY - CHIEF EXECUTIVE / PROPRIETOR / PARTNER / UNIT HEAD

Note: Please check that all the required documents mentioned in Annexure-1 attached herewith. Part-II of this form is for office use only and is not required to be filled by vendor.

ANNEXURE 1 - CHECK LIST

Please ensure that the following documents are attached, as applicable and tick whichever is attached:

- 1 Vendor assessment form of JSPL duly filled up and signed on each page by the vendor
 - 2 **Any of the following, as applicable:**
 - a Partnership deed
 - b Memorandum of Association
 - c Articles of Association
 - 3 **Attested copies of following (whichever is applicable):**
 - a Excise registration certificate (with range & Collectorate)
 - b Sales tax registration certificate
 - c IEC registration certificate (for importing house)
 - d PAN card
 - e SSI certificate
 - f Service Tax Registration Certificate
 - g Manufacturing certificate issued by Government of India (for manufacturers)
 - h Quality control certificate (e.g. ISO)
 - i PF registration (Mandatory for service providers working at any of the JSPL Site)
 - 4 **List of the following:**
 - a Branch offices with contact details
 - b Existing major customers / clients
 - c All equipments (Mandatory for service providers)
 - d Product (Catalogue)
 - 5 In case of dealer, authorization certificate from the OEM / manufacturer.
 - 6 Audited balance sheet & P/L A/C for last 3 financial year.
 - 7 Copy of few Purchase orders executed during last 2 years along with the Vendor satisfaction certificate issued by those clients (preferably big companies/ corporate houses).
 - 8 Details of sister concerns and parent concerns. (If not applicable, give declaration)
 - 9 The vendor assessment form shall be signed by the vendor on each page. It shall also have address & contact details of the proprietor / CEO / MD of the organization
 - 12 Bankers details and banker's certificate if available
 - 13 Credit rating, if available.
 - 14 Please attach documents which can support your credentials, if any
- All the document attached should be self attested also.
Please give written confirmation with reason for those which are not applicable, if any.