

BHARAT SEATS LIMITED

Vendor Introduced by:

Name:	TestName	Designation:	TestDesignation	Date:	01-03-2019
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VENDOR QUESTIONNAIRE

1. Company's Profile:

1.1 Name Of Company:			
Test NOC			
1.2 Address Of Company:			
Registered Office:	Head Office:	Plant:	
TestRO	TestHO	TestP	
Telephone:	Telephone:	Telephone:	
1111111111	1111111111	1111111111	
FAX:	FAX:	FAX:	
12345678	12345678	12345678	
e-mail:	e-mail:	e-mail:	
test1@gmail.com	test2@gmail.com	test3@gmail.com	
1.3 Contact Persons:			
Name:	Designation:	Contact No. Office:	Contact No. Residence:
TestCp1	TestD1	1111111111	1111111111
TestCp2	TestD2	2222222222	2222222222
TestCp3	TestD3	3333333333	3333333333
TestCp4	TestD4	4444444444	4444444444
1.4 Product Manufactured By Company:			
Name Of Product:	Main Customer:	Supply(year):	%of annual Turn over:
TestNOP1	TestMC1	2016	1.00
TestNOP2	TestMC2	2017	2.00
TestNOP3	TestMC3	2018	3.00
TestNOP4	TestMC4	2019	4.00
1.5 Certification Details:			
Is your company certified for ISO/ QS/ TS/ TPM/ Any other quality system (If yes then furnish the below details):			
Yes			
Name Of Quality System:	Certifying Agency:	Year of Certification:	
TestNOQS1	TestCA1	2016	
TestNOQS2	TestCA2	2017	
TestNOQS3	TestCA3	2018	
TestNOQS4	TestCA4	2019	
1.6 Do you have Bar-Coding System for Material Supply? If yes since which year:			
2016			
1.7 Details Of Plant:			
a) Total Area(sq-mts):	b) Total Covered Area(sq-mts):	c) Connected Electrical Road(kva):	d) Availability of alternate source of Electricity(In-House):
17	18	19	20
1.8 Partnership / Joint-venture foreign collaboration technical Tie-up:			
Description & Name:	Date Of Association:	Partnership:	Remarks:
TestPJF1	01-12-2018	TestP1	R1
TestPJF1	02-03-2019	TestP2	R2
TestPJF1	03-03-2019	TestP3	R3
TestPJF1	04-03-2019	TestP4	R4
1.9 Other Details:			
a) Installed Capacity per annum (w.r.t BSL's Parts):		b) Spare Capacity available for BSL (in %):	
19		19.00	
1.10 Mode of Material Transport:			
Own			
1.11 Future Expansion Plans , Details of Plan with Target Date:			
Plan			
http://14.141.50.214:85/data/Financial_File/com S10001 08-03-2019 184224.xlsx (*Copy and paste this link on web browser to download file)			

2. Financial's Details:

2.1 Attach Balance Sheet for last Years(as annexure):		
http://14.141.50.214:85/data/Financial_File/com S10001 08-03-2019 184359.xlsx (*Copy and paste this link on web browser to download file)		
2.2 Company's Bankers Details:		
Name Of Bank:	Address:	Telephone Nos:
CBD1	Ad1	1111111111
CBD2	Ad2	2222222222

CBD3	ad3	3333333333
CBD4	ad4	4444444444
2.3 Turnover Details of Previous Year:		
Name Of Customer:	Turn-Over(in Rs Lacs):	Remarks:
NOC1	1	r1
NOC2	2	r2
NOC3	3	r3
NOC4	4	r4
2.4 GST No.:		
TestGST		
2.5 TIN No.:		
TestTin		
2.6 Sales Tax No.:		
TestSales		
2.7 Excise Registration No.:		
TestERN		
2.8 Permanent A/C No.:		
TestPAN		
2.9 TDS A/C No.:		
TestTDS		

3. Financial's Details:

3.1 Total Employees:			
Permanent:	Unionised:	Non-Unionised:	Casuals:
1	99	999	9999
i) Managers:			
8			
ii) Supervisors:	Degree Holder:	Diploma Holders:	Others:
7	77	777	7777
iii) Production:	a) Direct:	b) Indirect:	
6	66	666	
Direct ITI:	Direct NonITI:	Indirect ITI:	Indirect NonITI
61	62	63	64
iv) QA:			
1			
v) Administration:			
11			
3.2 Do you have worker's Union:			
Yes			
3.3 Is There any Long Term Settlement with the Union?:			
Yes			
3.4 Give details of Strike Lock out go slow etc during the last 3 years if any:			
TestStrike			
3.5 How is the IR situation?:			
TestIR			
3.6 Number of shifts timings:			
36			
3.7 Details Of Training Programs:			
a) Annual Training Plan?:	b) Training Programmes being planned (yearly Target):	c) Training Conducted Last year (in NOS):	
Yes	Internal	1988	
d) Foreign Training If any:			
Subject Covered:			
Sub			
Managers:	Staff:	Workmen:	
1	1	1	

4. Technical Details:

4.1 Details of Machinery & Equipment:				
S.No:	Description and Make:	Qty:	Type (GPM/SPM/CNC etc.):	Remarks/Purpose:
1	s	1	j	25
Details of other Machinery & Equipment (Attach separate sheet):				
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)				
4.2 Details of In-house Testing & Inspection Facilities:				
S.No:	Description and Make:	Qty:	Purpose/Remarks:	
1	jkbh	1	fcd	

Details of other In-house Testing & Inspection Facilities(Attach separate sheet):
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)

4.3 R & D Facilities (If yes attach separate sheet giving details e.g.CAD / CAM / CAE facilities trained Man-power etc.Also furnish details of products designed & developed during last two years):
Yes

Details of other R&D Facilities (Attach separate sheet):
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)

4.4 Source of Raw Material (BSL Related Product):

S.No:	Description:	Source:	Remarks:
1	14	14	14

Details of other Raw Materials Facilities (Attach separate sheet):
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)

4.5 Traceability (Kindly define your product Traceability System in separat sheet):
oihj

4.6 Describe the Reaction Plan for Non-conforming products (Attach separate sheet):
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)

4.7 Any Special Process/Facility:
Yes

4.8 Rejection Monitoring System:
Yes

4.9 Customer Satisfaction Index/Trend:
Yes

4.10 Give details of Inspection Procedures(Sampling Self-certification etc.):
http://14.141.50.214:85/data/Technical_File/com S10001 08-03-2019 184759.xlsx (*Copy and paste this link on web browser to download file)

4.11 Exposure to National/International Standards:

	Tick:	Specify Nos. (which you are currently using):
a) IS / ISO*	Yes	1
b) EN/BS*	Yes	2
c) JIS/JASO*	Yes	3
d) DIN*	Yes	4
e) Any Others*	Yes	5

Date:	Authorized Signatory
	Name:
	Designation:

(*Please send the duly filled Questionnaire to Bharat Seats Limited)
(For BSL office use only)

BSL's EVALUATION & REMARKS:

S. No.	Name of Authority	Remarks	Signature	Date
1.	Deptt. Head (Materials)			
2.	Deptt. Head (QA)			
3.	Deptt. Head (Engg)			

Initial Approval:

S. No.	Name of Authority	Signature	Date
1.	G. M. (Works)		
2.	V. P. (Fin.)		
3.	Sr. V. P.		

Final Approval:

M. D.	Date