CORPORATE QUALITY ASSURANCE SUB-VENDOR QUESTIONNAIRE

i.	Item/Scope of Sub-contracting					
ii.	Address of the registered office		Details of Contac	et Person		
			(Name, Designat	ion, Mobile, Emai	l)	
iii.	Name and Address of the propose	ed Sub-vendor's works	Details of Contac	ct Person:		
	where item is being manufacture	d	(Name, Designation, Mobile, Email)			
iv.	Annual Production Capacity for	r proposed item/scope of				
	sub-contracting					
v.	Annual production for last 3 year	s for proposed item/scope				
	of sub-contracting					
vi.	Details of proposed wor	ks				
1.□	Year of establishment of present	works				
2. 🗆	Year of commencement of manuf	acturing at above works				
3. 🗆	Details of change in Works addre	ess in past (if any)				
4. 🗆	Total Area					
	Covered Area					
5.□	Factory Registration Certificate		Details attached at Annexure – F2.1			
6. 🗆	Design/ Research & development	: set-up	Applicable / Not	applicable if man	f manufacturing is as	
	(No. of manpower, their qualified	cation, machines & tools	per Main Contra	ctor/purchaser d	chaser design)	
	employed etc.)		Details attached	at Annexure – F2.	2	
			(if applicable)			
7.□	Overall organization Chart with	Manpower Details	Details attached	at Annexure – F2.	3	
	(Design/Manufacturing/Quality e	etc)				
8. 🗆	After sales service set up in Indi	a, in case of foreign sub-	Applicable / Not	applicable		
	vendor					
	(Location, Contact Person, Conta	act details etc.)	Details attached	at Annexure – F2.	4	

9.□	Manufacturing process execution plan with flow chart	Details attached at Annexure – F2.5
	indicating various stages of manufacturing from raw	
	material to finished product including outsourced process,	
	if any	

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CORPORATE QUALITY ASSURANCE SUB-VENDOR QUESTIONNAIRE

10.1	Quality Control exercised during receipt of raw material/BOI, in-process , Final Testing, packing				Details attached at Annexure – F2.6			
11. I	Manufacturing facilities (List of machines, special process facilities, material handling etc.)			Details attached at Annexure – F2.7				
(
12.	Festing facil	ities			Details attached at Annexure – F2.8			
((List of testing equipment)							
13.[]	If manufacturing process involves fabrication then-			Applicable / Not applicable				
I	List of qualified Welders List of qualified NDT personnel with area of specialization			Details attached at Annexure – F2.9 (if applicable)				
I								
14. I	List of out-s	sourced manufacturing p	rocesses with	Sub-	Applicable / 2	Not applicable		
	Vendors' names & addresses			Details attached at Annexure. –F2.10				
				(if applicable)				
15.	Supply reference list including recent supplies				Details attached at Annexure – F2.11			
					(as per format given below)			
Project/	Customer	Supplied Item (Type/Rating/Mode	?l	PO ref	no/date	Supplied Quantity	Date of Supply	
oackage	Name	/Capacity/Size etc)						
16. I	Product	satisfactory performa	ance fee	dback	Attached at a	nnexure - F2.12		
1	letter/certificates/End User Feedback							
17.	Summary of Type Test Report (Type Test Details, Report			Applicable / Not applicable				
I	No, Agency, Date of testing) for the proposed product (similar or higher rating) Note:- Reports need not to be submitted			Details attached at Annexure – F2.13				
(
I					(if applicable)			
18.	Statutory / mandatory certification for the proposed product			Applicable / Not applicable				
I								
				Details attached at Annexure – F2.14				
				(if applicable)				
19.1	Copy of ISO 9001 certificate			Attached at Annexure – F2.15				
((if available)							
20. I	Product technical catalogues for proposed item (if			Details attached at Annexure – F2.16				
	available)							
8								
8								

Company's Seal/Stamp:-

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