



F: PS: 02: 03

SUPPLIER	REGISTRATION	FORM
JOI I LILIN	NEOID INALION	

1	Name & Address of the Supplier :- Supplier Code :-
2	Type of Supplier
~	Manufacturer Trader Job work Services / testing
а	manufacturer, type of firm
	Partnership 🗌 Propriter 🗌 Public Limited 🗌 Pvt. Limited 🗌
	Small 🔲 Medium 🗌 Large 🔲
b	job work, type of job work
	Forging 🗌 Machining 🗌 Cutting 🗌 Other 🔲
3	Range of products supply for Approval :-
4	Do you have any QMS or other registration :-
	Yes No
<b>F</b> -	Contact Details Contact Person :- d. Contact No :-
	Contact Person :- d. Contact No :- Designation :- e. Fax No :-
	E.Mail Address :- f. Weekly Off :-
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6a	CST.Regi.No :- d. VAT Regi.No :-
	Dealers Regi.No :- e. PAN Card Details :-
	SSI Regi no. if SSI :- f. Excise Regi.No.:-
	MSMED registered :- if yes attached copy of certificate
-	Bank Details :-
8	Total employee :-
9	Production capacity :-
10	List of machinery :-
11	do you have own lab facility:- Yes 🗌 No 🗌
12	Services, after supply :-
13	Services after rejection :-
14	if walls as want for valuation, wanting delivery paried .
14	if replacement for rejection, mention delivery period :-
15	Have you supplied to SFEL before ? Yes No
16	if yes, Non conformance occurred for poor,
	Quality 🗆 Delivery 🔲 Services 🔲 Rate 🗌 Terms & conditions 🗌
	(Attach QMS certificate, List of customer, Machinery, Instrument& testing equipement, Product catelogue )
	(Name & Designation of supplier) Signature Date

	To be filled by Si	FEL		
17	Visit or Audit necessary for manufacturing facilities & QMS?	Yes 🗆	No	
18	If yes, attached visit / audit report ?	Yes 🗆	No	
19	Vendor Representative's visit to SFEL office?	Yes 🗆	No	
19a	if yes Please mention details :-			
20	Trial PO No. and Date :			
21	Results of Trial Order :-			 
	Satisfactory	, 🗆 Ur	nsatisfactory	
22	Selected as Vendor ?	Yes 🗆	No	
	if yes, mention approval form no. & add in approved supplier I	ist		
23	Remarks			
	(Name & Designation) Signatur	re	Date	