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|---|--|-----------------------------|
| 1 | Whether a detailed Catalogue / Data Sheet attached                                   | Yes / No                    |
| 2 | Whether the latest Price List / Quotation attached                                   | Yes / No                    |
| 3 | Do you have Product Approval Certification, if yes, please enclose a copy            | IS/BS/<br>Nil               |
| 4 | Do you have a Quality Management System Certification, if yes, please enclose a copy | ISO 9001 / ISO 14001<br>Nil |

If answer is no to 3 & 4 above, provide detailed information as below: (Kindly provide correct (true) information. Audit may be conducted to finalise the assessment of the vendor. If not applicable tick (√) "Not Applicable".

|    |   |                           |
|----|---|---------------------------|
| 5  | Whether you follow a procedure for Manufacturing / Processing / Working method  | Yes / No / Not Applicable |
| 6  | Whether you follow a procedure for Inspection & Testing   | Yes / No / Not Applicable |
| 7  | Whether Identification & Traceability maintained during Manufacturing / Processing / Inspection                         | Yes / No / Not Applicable |
| 8  | Whether Rejected Items identified & procedures available to ensure that rejected items / parts are not used / delivered | Yes / No / Not Applicable |
| 9  | Whether your Vendors / Suppliers are evaluated / assessed / register periodically                                       | Yes / No / Not Applicable |
| 10 | Whether Specifications / Drawings available for all Raw Materials & Finished Products incl. Packing materials           | Yes / No / Not Applicable |
| 11 | Whether a list of equipments / facilities available for testing available are enclosed                                  | Yes / No / Not Applicable |
| 12 | Whether a list of manpower available, including Technical and Administrative staff is enclosed                          | Yes / No / Not Applicable |
| 13 | Whether records are maintained for Non-Conforming Products  | Yes / No / Not Applicable |
| 14 | Whether tools, gauges and other measuring equipments used are verified and calibrated periodically                      | Yes / No / Not Applicable |
| 15 | Whether records of calibration / verification are available   | Yes / No / Not Applicable |
| 16 | Whether records of inspection and testing at all stages are available   | Yes / No / Not Applicable |

Kindly attach your Testing Method for Critical Items, if available  
Any other information you would like to provide \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby, certify that all the above information supplied herein, including all pages attached, are true and correct to the best of my knowledge.

(Company Seal Must)

\_\_\_\_\_  
(Name, signature, date & designation of authority) (Kindly attach your business card, if available)

**Note: Please furnish the following documents in support of above information:-**

- 1) Audited Balance sheet & P & L A/c. of Last 3 years.
- 2) PAN Card Copy
- 3) TIN No. copy
- 4) Product Profile with Company profile.

\_\_\_\_\_  
**For Office Use Only**  
\_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_

Checked By (SSO) \_\_\_\_\_ Date \_\_\_\_\_

|                          |                         |                  |            |
|--------------------------|-------------------------|------------------|------------|
| <b>KANDLA PORT TRUST</b> | Doc. No.<br>KPT-03-S-01 | Date<br>15-10-05 | Rev.<br>00 |
|--------------------------|-------------------------|------------------|------------|

|                        |                           |
|------------------------|---------------------------|
| Reviewed by            | Approved by               |
| Head of the Department | Management Representative |