NTPC	(For Pro	,					
MAIN SUPPLIER I	M/S	**************	3444				
PACKAGE & PRO	JECT	:	•				
EQUIPMENT / ITE	EM ·	:			5 · /		:
GENERAL INFOR	MATION					***************************************	
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2. CONTACT PER	•	:	•			es d'and seenthmen	
TELEPHONE (LAND LINE/MOB.)	:					
E-MAIL	*	:					
ITEM/MODEL	OF EQUIPMENT /TYPE /RANGE / CA LIST (EXTENSIVE		ICE IN TI	HE PARTICUI	LAR TYPE	OF (S)	PRIVATE
4. REFERENCE EQUIPMENT / CUSTOMER/ LOCATION WITH ADDRESS AND	TYPE /RANGE / CALLIST (EXTENSIVE ITEM) TYPE, RATING &		NO. OF YRS. IN OPERA- TION	PERFORMANCE FEEDBACK		- REPROJE	TAVING COLORS
ITEM/MODEL 4. REFERENCE : EQUIPMENT / CUSTOMER/ LOCATION WITH	TYPE /RANGE / CALLIST (EXTENSIVE ITEM) TYPE, RATING &	DATE OF COMMISS-	NO. OF YRS. IN OPERA-	PERFORMANC		- REPROJE	
ITEM/MODEL 4. REFERENCE : EQUIPMENT / CUSTOMER/ LOCATION WITH ADDRESS AND	TYPE /RANGE / CALLIST (EXTENSIVE ITEM) TYPE, RATING &	DATE OF COMMISS-	NO. OF YRS. IN OPERA-	PERFORMANC		- REPROJE	
ITEM/MODEL 4. REFERENCE EQUIPMENT / CUSTOMER/ LOCATION WITH ADDRESS AND CONTACT PERSON	TYPE /RANGE / CALIST (EXTENSIVE ITEM) TYPE, RATING & CAPACITY	DATE OF COMMISS-	NO. OF YRS. IN OPERA-	PERFORMANC		- REPROJE	
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4. REFERENCE EQUIPMENT / CUSTOMER/ LOCATION WITH ADDRESS AND CONTACT PERSON 5. RECOMMEND	TYPE /RANGE / CALIST (EXTENSIVE ITEM) TYPE, RATING & CAPACITY DATIONS:	DATE OF COMMISS-IONING.	NO. OF YRS. IN OPERA- TION	PERFORMANC FEEDBACK		- REPROJE	
4. REFERENCE EQUIPMENT / CUSTOMER/ LOCATION WITH ADDRESS AND CONTACT PERSON 5. RECOMMENT	LIST (EXTENSIVE ITEM) TYPE, RATING & CAPACITY DATIONS: DES	DATE OF COMMISS-IONING.	NO. OF YRS. IN OPERA- TION	PERFORMANCE FEEDBACK SIGN.: Date:		CONTRACTOR OF THE PROJECT OF THE PRO	

(The	विवीसी (TPC		QUESTIONNAIRE y the Sub Supplier)		
App	roval Desired for I	rocess/item (Ratio	ng/Size/Type) :		
					:
1. 2.	Name of Compan Address of Regd.		Tel		
			Mobile		
			e-mail		
-	0		Fax		
3.	Address of Factor	ry/Works			
			Tel Mobile		
			e-mail		RIVATELIA
	Weekly off day	•	Fax	- ARER PHO	
4.	Branch/Liaison (Office in Delhi:	Tel		3HB OD
			Mobile	·	
			e-mail		
	· Weekly off day	PRIVATE OM	Fax	GA TEN SEED NOT THE RESERVENCE OF THE RESERVENCE	The state of the s
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SUB-SUPPLIER QUESTIONNAIRE

	TPC .	(To b	e filled in by the	Sub Supplier	r)	
5.	Persor	n(s) to be contacted	d			
	Place	Name(s)	Official Capacity	y Tele	phone No(s)	
	Regd.	Off.	***************************************		न कर जा जा जा का का का का जा का ज •	
	Factor	у	,			
	Branc Liaiso					·
6.	Nature	e of Company	: Proprieta	ry/Partnershi	p/Pvt. Ltd./Public Ltd.	
Worl	ks Detai	ls:				
7.	Year o	of Factory Establi	shment	:		
8.		of Commencement facture	t of	:	•	0
9.	Total .	Area/Covered Are	a			
10.		ic Power-Connect ic Power-Standby		:		PRIVA
11.	- Ann For p - Limi	ce-Total Capital ual Turnover & p past three years it of Credit Facility able from the Banl	y	:	: ER PRO	HEL S
12.	Do yo	u have in-house D	Department for:			
	a)	Design		Yes/No		
	b)	Research & Deve	•	Yes/No		
	c) d)	Manufacturing/Pi Quality control/Ir		Yes/No Yes/No		
	e)	Clearance from p		Yes/No		
13.	Shif	t works per day	RIVAT		One/Two/Three	
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Diploma Skilled Un-Skilled Remarks Production Quality Control Admn & other Supporting Activities 5. Please enclose a copy of company's organisation chart (for the unit). 6. Trade Name of Product (if any): 7. Manufacturing capacity details: S.N. Product Licensed Capacity Installed Capacity S.N. Product Description (Type/Size/Rating) I Installed Capacity In Inc. Product Size Rating I Inc. Product Size Rating	D: 4-1	Details regarding		Di_1	C1,	£2	n e e e e
Quality Control Admn & other Supporting Activities 5. Please enclose a copy of company's organisation chart (for the unit). 6. Trade Name of Product (if any): 7. Manufacturing capacity details: S. N. Product Licensed Capacity Installed Capacity S. N. Brief details of items manufactured: SI. No. Item & Material Description (Type/Size/Rating) Three years (Tables) Three years (Tables) Three years (Tables)				Diploma	Skilled	Un-Skilled	i Remarks
Admn & other Supporting Activities 5. Please enclose a copy of company's organisation chart (for the unit). 6. Trade Name of Product (if any): 7. Manufacturing capacity details: S. N. Product Licensed Capacity Installed Capacity 8. Brief details of items manufactured: SI. Item & Material Description (Type/Size/Rating) Three years of the part of	Production	1		;			
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6. Trade Name of Product (if any) : 7. Manufacturing capacity details : 8. Product Licensed Capacity Installed Capacity 8. Brief details of items manufactured : 8. Item & Material Description (Type/Size/Rating) Installed Capacity Install	other Supporting	g					
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SI. Item & Material Description (Type/Size/Rating) I III G 73HB							
No. (Type/Size/Rating) Three years I II O 73HB	8.	Brief details of it	ems manufactur	ed:			SPRIVATE
S PRIVATE LINE		Item & M	aterial				
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SUB-SUPPLIER QUESTIONNAIRE

(To be filled in by the Sub Supplier)

19. Details of foreign collaboration, if any:

Product	Name & Address of		Collaboration	
	Collaborator	Scope	Year	Valid upto
Chromoson . D				
			•	* .* .
noncepipecona			·	
		Collaborator	Collaborator Scope	Collaborator Scope Year

20. Have your product been type tested by any external agency? If so, give details

Si. No.	Product		Test (Size, Type & Class)	Test Report No. & Date	Next Due Date
		0			b
			[] []		
and the state of t					,

21. Indicate Approval/Certification by National/International standards/agencies applicable subject product.

SL No.	Product	Code/Standard	License No. & Date
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	PRIVATELL	1901	
		E LOSSAN	

FORMAT No. QS-01-QAI-P-04/F2-R0

4 of 11

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<u>SUB-SUPPLIER QUESTIONNAIRE</u> (To be filled in by the Sub Supplier)

22. Have you been approved by any third party/statutory agency? If so, indicate details and enclose copies of approval letters.

SI. No.	Item/ Material	Description (Size, Type & Class)	Agency	Date of Approval	Next Due Date
			Community (Action) (Action)		
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			of the later property	-	
			The state of the s		
		i.			

23. Reference list (Experience in the particular type of equipment):

SI. No.	Item/ Material	Type & Capacity	Customer (End User) with Address	Date of supply	Under Operation Since Year/ Month
					PRO NO.
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FORMAT No. QS-01-QAI-P-04/F2-R0

5 of 11

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APPENDIX-E (MOM-QA) Page 312... of 342

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<u>SUB-SUPPLIER OUESTIONNAIRE</u> (To be filled in by the Sub Supplier)

24(a) Specific to process & product facilities:

Year of Manufg.	
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FORMAT No. QS-01-QAI-P-04/F21R0

5 of 11

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SUB-SUPPLIER QUESTIONNAIRE (To be filled in by the Sub Supplier)

Sl. No.	Description of machine	Capacity & Nos.	Location Shop	Make	Year of Mfg.
1)	Material Handling				
	Mobile Crane	m higher made in the state of t			
	Fork Lift Over Head Cranes	Silled-trans face is	in the second se		
		^	an in the control of		
2)	Metal Cutting &		,		
	Bending		***************************************		
		rom, management			
3)	Casting			-	
4)	Forging				
5)	Fabrication				
6)	Welding				
7)	Machining				
8)	Heat Treatment				
9)	Sheet Metal	*	·		
10)	Fettling & Cleaning				
,	Sand Blasting	one and the same a			(53)
	Shot Blasting				
	Pickling				A PRO
11)	Painting				Tarles
12)	Metal Coating				
13)	Protection before packing				
14)	Packing				
15	Other				
	G PRIVATE				
	OH UNITED STATES	02)			

FORMAT No. QS-01-QAI-P-04/F2-R0

7 of 11

ENGG.DIV/QA&I

APPENDIX-E (MOM-QA) Page 3.1±. of 342

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SUB-SUPPLIER QUESTIONNAIRE

(To be filled in by the Sub Supplier)

25 (a) Facilities for Testing & Inspection:

Sl. No.	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Approval Qualification	
				, ,		
	,					

25 (b) If In-house testing facilities are not available, indicate source of testing with relevant details:

SI. No.	Source of Testing	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Approval/ Qualification	
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26 (a) Details of any Govt. laboratory facilities available in area:

26 (b) Product related testing facilities (Type/Performance/Routine/Acceptance Tests):

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26 (c) Storage of finish goods (covered / open)

FORMAT No. QS-01-QAL-P-04/F2-RQ

8 of 14/

ENGG.DIV/QA&I

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SUB-SUPPLIER QUESTIONNAIRE

(To be filled in by the Sub Supplier)

- 27 Source of Raw Materials (including imported raw materials):
 - a) Type

Source

- b) Raw material storage & identification:
- 28. No. of PCs available with internet Connectivity at works:
- 29. Quality management
- 29.1 General
- 29.1.1. Organisation Chart of Quality Management: Attached: (Y/N)
- 29.1.2. Head of QC Department reports to:
- 29.1.3. Do you have a written Quality Control Instruction Manual? If yes, please furnish a copy of the same.
- 29.1.4. Have written Quality Control Instruction sheets been prepared and properly used?
- 29.1.5. Are records generated during inspection maintained & available for review?
- 29.1.6. Are final inspection areas clean, adequately lighted & of suitable size?
- 29.1.7. Are written procedure defining stage wise operations and functions on shop floor established and followed?
- 29.1.8. Are quality control checks adequate to maintain desired quality right from incoming stage to final operation?
- 29.1.9. Whether 100% or adequate sampling inspection used?
- 29.1.10. Are statistical quality control techniques used?
- 29.2. Corrective Action
- 29.2.1. Does the system provide for proper detection of inferior quality and correction of its assignable causes?

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- 29.2.2. Is adequate action taken to correct the causes of defects in products?
- **29.2.3.** Are analysis made to identify trends towards product deficiencies?
- **29.2.4.** Does corrective action extend to products?

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FORMAT No. QS-01-QAI-P-04/F2-R0

APPENDIX-E (MOM-QA) Page 316. of 342



SUB-SUPPLIER QUESTIONNAIRE (To be filled in by the Sub Supplier)

Documentation Control

- 29.3.1. Does a system for clear and precise stipulation of responsibilities for documentation issue & change control exists?
- 29.3.2. Are changes made in writing?
- 29.4. Control of Inspection, measuring & Testing equipments
- 29.4.1. Are necessary gauges, testing and measuring equipment's, available and used?
- Are testing and measuring equipment properly maintained?
- 29.4.3. Is recorded control on calibration of equipment available?
- 29.5. Control of procured supplies & Services
- 29.5.1. Do the vendor/sub-Supplier's purchasing documents refer to specific design manufacturing and testing requirements?
- 29.5.2. Do purchasing documents also contain special requirements?
- 29.5.3. Are requirements for necessary tests and inspection of raw material specified in purchasing documents?
- 30. CONSISTENCY IN SUPPLY
- 30.1. Has the vendor/sub-Supplier produced items of similar nature in past?
- 30.2. Has the vendor/sub-Supplier maintained delivery commitments in past?
- 30.3. Has there been frequent labour trouble in past?
- 30.4. Has there been major upset due to faulty material management?
- 30.5 Whether the system of planning and scheduling resilient enough to overcome temporary setbacks and make up lost time?
- 30.6. Can the vendor/sub-Supplier quickly off load the work to other reliable subvendors: If Yes, the name of sub-vendors:
- 31. Order booking position as on date in terms of:
 - a) Value
 - b) Time
- 32. Any special information

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APPENDIX-E (MOM-QA) Page 3.1.7 of 342



SUB-SUPPLIER QUESTIONNAIRE

3. I CERTIFY	THAT THE INFORMATION SU	UPPLIED HEREIN (INCLUD	ING ALL PAGES
ATTACHED) IS CORRECT TO THE BEST O	OF MY KNOWLEDGE.	
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SEAL		SIGNATURENAME	
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		DATE	
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Certification by M	ain Supplier: Above information	n have been verified and foun	d in order / minor
hanges which hav	ve been marked and initialed o	on this form itself / observ	ved the following
iscrepancies		•	
			,
ame:	Designation:	Signature:	Date ;
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