

Section III - Schedule for Vendor Assessment

TO BE FILLED IN BY SUPPLIER

Sr. No.	Items	Details
1.	Name of Supplier in full	
2.	Office Address	
3.	Works Address	
4.	Tel. No.	
5.	Fax No.	
6.	Person (s) to be contacted Name: Designation: Mobile No.: E-mail ID:	
7.	Address for sending bids/query etc.	
8.	Name of Bankers (Enclose Authority letter enabling HPPCL to contact the Bank if required)	
9.	Weekly off Office Work:	

Sr. No.	Items Manufactured/Service Offered	Items/Services Interested in supplying/offering to HPPCL
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please provide information along with copies of similar orders executed for the items/services/repair job for which registration is applied in HPPCL (Separate table is to be prepared as per following format for each category/sub-category)

S.No.	Name and Address of Client	Detail of supply/work executed including size of job/Turbine rating	Order No. & Date	Date of Completion as per Order	Actual Date of completion of Supply/work executed	Order Value	Copy of order enclosed	Copy of satisfactory performance certificate issued by end users

A.	Type of Company	
	Yes/No	
	Pvt. Ltd.	
	Public Ltd.	
	Proprietary	
	Partnership	
	Public Sector	

B.	Type of Industry	
	Yes/No	
	Small Scale	
	Large Scale	
	MSME	
	Govt.	
	Partnership	
	Contractor	
	Authorised Distributor/Manufacturer	

C.	Manpower Details	
	Organization Chart	
	List of Manpower	
	List of Tools and Plant including	

D.	Registration number (whichever is applicable)	
	NSIC Reg. No.	
	Validity of NSIC Registration	
	Type of Jobs/Items for which NSIC	
	Registration awarded for	
	MSME Type	
	MSME Registration effective date	
	PAN No.	
	ESIC No.	
	PF Code No.	
	Income Tax No.	

E.	Taxes and Duties	
	Date of commencement of MFG.	
	G.S.T. No.	
	Total Capital employed (Rs. in Lacs)	

F.	Details of Directors, if applicable		
	Name	Qualifications	Experience in Yrs.

G.	Financial Data			
	Annual Sales Turnover for the last three years (Rs. In Lacs)	2015-16	2016-17	2017-18
	Net Profit			

Please supply copies of audited annual reports or CA certificate in support of above.

Details of Machinery, Instruments and Other Equipments (Use additional Sheets, if required)						
Sr. No	Description	Capacity	Make Name	Year of Installation	Nos.	Remarks

Details of further Sub-Contractors, if any		
Name of Work	Name of Sub-Contractor	Experience (Furnish all information as sought from Sub-contractor)

Name of Work	Submitted (Yes/No)
1. Latest audited annual report	
2. Balance Sheet	
3. Valid Income Tax Clearance Certificate	
4. Details of Pending Arbitration cases	
5. Details of pending disputes with Statutory Authorities	
6. Cost of Registration Document	
7. Profit & Loss A/C or C.A certificate showing	

sales turnover/P&L for last three years	
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I declare that the above information is correct to the best of my knowledge.

Place:

Signature :

Date:

Name :

Designation :

Seal :

The person signing the above proposal is required to submit one of the following:

1. Special power of Attorney/Copy of Board Resolution attested by notary in case of Limited company.
2. Affidavit of Proprietorship in case of proprietary firm.

PLEASE SEND THE ABOVE FORM IN YOUR COMPANY LETTER HEAD BY POST DULY FILLED IN AND COMPLETED WITH REQUIRED ENCLOSURES TO:

**Dy. General Manager (Electrical),
H. P. Power Corporation Ltd.,
Himfed Building, Distt. Shimla (H.P. - 171009)
Phone 0177 2671737
E-mail: dgm_elect@hppcl.in**