



BHARAT PUMPS & COMPRESSORS LTD.

NAINI, ALLAHABAD – 211010
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Date: -

VENDOR REGISTRATION APPLICATION

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For B.P.C.L. Use		For B.P.C.L. Use	
CATEGORY CODE	DESCRIPTION	Vendor Code	
		Date of Registration	
		Date of Deletion	
		Introduction by	
		Valued by & Date	
The portion below is to be filled in by the vendor			
Name of the vendor full:-			
Address	Telephones (s)	Email, Fax & Telegram	Person(s) to be contacted (Name and designations)
OFFICE			
Address for sending Purchase order / cheques etc. (Pl. Tick)	<input type="checkbox"/> Office	<input type="checkbox"/> Works	Weekly off for works
Items Manufactured / Service Offered		Items / Service Interested in supplying / offering to BPCL	

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Type of company (PI, Tick)			Type of industry (PI, Tick)			
<input type="checkbox"/> Pvt. Ltd.	<input type="checkbox"/> Public Ltd.	<input type="checkbox"/> Small Scale	<input type="checkbox"/> Large Scale/			
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Partnership	<input type="checkbox"/> Govt.				
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Contractor				
Registration number (whichever is applicable)			TAXES AND DUTIES			
Small scale Industries	Directorate of Industries	Date of commencement of MFG	C.S.T. No.			
			S.T. No.			
		Total capital employed Rs.	Excise duty Applicable YES / NO			
Details of Directories			Annual Sales Turnover for last three years			
Name	Qualification	Experience Yrs.	Year	200 - 200	200 - 200	200 - 200
Business Commenced with BPCL			Name & Address of Bankers			
Year	Name of the Depts Dealt with					
			Bank Account No.			
Name and Address of associate companies & other manufacturing units			BPCL Vendor Code		Items MFD / DEALT	

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Production Facilities					Shift worked / day (Pl. Tick)		
Total manpower employed	Managerial	Supervisory	Office Staff	Work man	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
					Total floor space in sq. mts.		
					Covered	Uncovered	
Details of Machinery, Instruments and other equipments (Use additional, pages)							
Sl. No.	Description	Capacity	Marks		Nos.	Remarks	
			Name	Year			
Reputed companies and Govt. Department with whom Registered as approved supplier:							
Sl. No.	Name and Address				Since (Year)		
Declaration by Director / Partner / Proprietor							
	I declare that the information furnished above is correct to the best of my knowledge, I undertake to inform you at the earliest any change in details mentioned above.						
					(Signature and Date)		
Rubber Stamp					Name.....		
					DESIGNATION.....		

VENDOR EVALUATION						
Sl. No.	Attributes	RATING				
		A	B	C	D	Remarks
1.	Quality Control Methods and Technical Competence					
2.	Managerial Competence					
3.	Financial Status					
4.	Plant & Machinery Layout					
5.	Material Handling & Storage					
CONCLUSION						
Assessed BY		Reviewed by		Approved by		
(Sign. & Date)		(Sign. & Date)		(Sign. & Date)		

**BHARAT PUMPS & COMPRESSORS LTD.**

NAINI, ALLAHABAD – 211010

Date:-

Vendor Technical Evaluation Report

(The portion is to be filled in by the vendor / sub contractor)

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Name of the vendor in full		Items interested in supplying to BPCL		
	Address	Telephone(s)	Fax	Persons to be contacted (Name & Designation)
OFFICE				
WORKS				
Types of Company (Pl. Tick)		Type of Industry (Pl. Tick)		Weekly off for works
<input type="checkbox"/> Public Ltd.	<input type="checkbox"/> Pvt. Ltd.	<input type="checkbox"/> Govt.	<input type="checkbox"/> Heavy	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Large Scale	<input type="checkbox"/> Medium	
<input type="checkbox"/> Public Sector		<input type="checkbox"/> Small Scale	<input type="checkbox"/> Light	
		<input type="checkbox"/> Contractor		
TECHNICAL EVALUATION BY QA AND QC ENGINEER OF BPCL				
Sl No.	Activity Description	Facility available (to be filled in by the vendor /sub contractor)	Verifications. survey and evaluation by BPCL QA/QC	
1.	Are you having ISO-9000 Certification (If yes, give details).			
2.	Are you supplying materials to BPCL regularly? (If yes, list out materials / products)			

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SI No.	Activity Description	Facility available (to be filled in by the vendor /sub contractor)	Verifications. survey and evaluation by BPCL QA/QC
3.	Product details a) Material/ Metallurgy b) Range c) Conformance to code / standard / specification		
4.	Details of manufacturing facilities / machinery held by the firm.	(1) (2) (3) (4) (5) (6) (7) (8) (Use- additional pages if required)	
5.	Source of Raw Material		
6.	Material testing facilities (PI, Tick)	<input type="checkbox"/> Chemical Analysis facility <input type="checkbox"/> Tensile and impact testing facility. <input type="checkbox"/> Hardness test facility. <input type="checkbox"/> Metallographic examinations facility.	
7.	Type of Tests carried out by the firm during product manufacturing (PI, Tick)	<input type="checkbox"/> D.P. Test <input type="checkbox"/> Magnetic Particle Test <input type="checkbox"/> Radiography <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Hardness	<input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydro Test <input type="checkbox"/> Helium Leak Test <input type="checkbox"/> Kerosene oil Leak Test

SI No.	Activity Description	Facility available (to be filled in by the vendor /sub contractor)	Verifications. survey and evaluation by BPCL QA/QC
8.	Whether above test facilities are available at firm or given to out side party? (If out side party indicate the name)		
9.	Maintaining and controlling of goods inward.		
10.	Material acceptance and rejection controls.		
11.	Does firm follow written down quality assurance programme? (If yes, PI, give details		
12.	Does firm follow QA Manuals, QA Plans by checklist, etc,?		
13.	Calibration of measuring Instruments (PI, Specify and give detail)		
14.	List out QC records maintained by firm	(A) MATERIAL CONTROL (B) PROCESS CONTROL (C) FINISHED CONTROL	

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SI No.	Activity Description	Facility available (to be filled in by the vendor /sub contractor)	Verifications. survey and evaluation by BPCL QA/QC
15.	Control of non – confirming product.		
16.	Handling facilities		
17.	R & D Activity (If any, give brief details)		
18.	Details of the customers handled by the firm.		
19.	Details of the approval by third party / inspection agency.		
20.	Details of Inspection Department held by the firm (enclose a copy of organization chart),		
21.	Control on special processes and records there of.		
22.	List of ASNT/ISNT qualified persons if any.		
			Signature & Date
	Rubber Stamp (Vendor/Sub-Contractor)		Name & Designation (Vendor/Sub-Contractor)
	Remarks :-- (To be filled by BPCL Inspector)		Signature of Inspector Date: