

Application Form for Registration of Vendor for SAIL Plants/Units
(As per IPSS)

Important Instructions

Suppliers interested to supply materials to SAIL Plants/Units may download the [Application Form for Registration of Vendor for SAIL Plants/Units](#) as available in SAIL website , duly fill it and submit the same to the respective Plants/Units. This would be entirely for the purpose of SAIL's information only. Filling up of the form does not mean that SAIL is liable to register the supplier. The normal registration procedure of SAIL Plants/Units shall be followed, if found suitable.

APPENDIX-B

Form Serial No. _____

STEEL AUTHORITY OF INDIA LIMITED



(Name of Plant/Unit)

MATERIALS MANAGEMENT DEPARTMENT

(Complete Postal Address)

APPLICATION FOR REGISTRATION OF VENDOR

NON-TRANSFERABLE

IMPORTANT

- NOTE:
1. Enclosures 1 & 2 are to be filled up and returned along with the application.
 1. The form should be signed by Proprietor/Partner/Director/Company Secretary.
 3. Enlistment of any firm is done entirely at the discretion of (Name of the Plant/Unit)/SAIL and (Name of the Plant/Unit)/SAIL reserves the right to reject any application without assigning any reason.

Form Serial No. _____

STEEL AUTHORITY OF INDIA LIMITED

(Name of Plant/Unit)

MATERIALS MANAGEMENT DEPARTMENT

APPLICATION FOR REGISTRATION OF INDIGENOUS VENDORS

The application form duly filled in all respects, together with all the required enclosures must be submitted within 90 days from the date of issue.

CATEGORY OF ITEMS FOR WHICH THE REGISTRATION IS DESIRED

1. GENERAL

1.1 Name of the firm/company

1.2 Address

Telephone No. _____ E-mail _____ Fax _____

Website _____

1.2.1 Registered Office

1.3 Name & designation of Chief Executive

1.3.1 Name & designation of contact person

Phone No. (Office) _____ (Residence) _____

1.4 Constitution of the firm

(Public Ltd Co/Private Ltd Co/Partnership/Proprietorship)

Please enclose:

a) In case of Limited companies, an attested copy each of:

- i) Memorandum of Articles of Association
- ii) Certificate of Incorporation
- iii) Entry in Form-A from the Registrar of Firms

b) In case of Partnership:

- i) Attested copy of Partnership Deed

c) In case of Proprietorship:

- i) Attested copy of Registration Certificate

1.5 Registration

1.5.1 Your CST Registration No. _____

1.5.2 Your State ST Registration No. _____

1.5.3 Your Excise Control Code _____

1.5.4 Trade License No. _____

(Enclose attested copy wherever applicable)

2. TECHNICAL

2.1 Are you a manufacturer/authorized dealer/trader

2.1.1 If manufacturer, indicate category of items manufactured by you along with category-wise production capacities

2.1.2 Full address of the factory/workshop owned by you:

APPENDIX-B
(CONTD)

2.1.3 Are you authorized to use ISI mark, if yes, for which items?

- 2.1.4 Are you ISO accredited, if yes, for which facilities?
- 2.1.5 Give details of machinery erected and functioning in Enclosure-I.
- 2.1.6 Are you an SSI unit? If yes, please enclose documentary evidence.
- 2.2 If authorized dealer/trader:
- 2.2.1 Give name of stores with which you are dealing

3. QUALITY CONTROL/INSPECTION FACILITIES
- 3.1 Please enclose the Organization Chart of your Quality Control/Inspection Deptt and R&D facilities, if any.
- 3.2 Please furnish in Enclosure-II particulars of Quality Control/Inspection laboratory facilities that you have.
- 3.3 Have you got system and facilities for re-calibration of test equipment?
4. FINANCIAL POSITION
- 4.1 Annual turnover for the last three years
- 4.2 Name and address of your bankers and account Nos.
- 4.3 Please enclose an attested copy each of your:
- i) Income-tax clearance certificate
 - ii) Current Sales-tax clearance certificate
 - iii) Balance sheet for last three years
 - iv) Profit & Loss statement for last three years
5. REFERENCES OF YOUR CUSTOMERS
- a)
 - b)
 - c)
6. ANY OTHER INFORMATION CONSIDERED RELEVANT AND USEFUL
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(CONTD)

Signature _____

Date: _____ Name & Designation _____

Place: _____ Seal of the Company _____

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(For Office use only)

Date of Issue _____ DD No. & Date _____

Due date of Receipt _____ Value _____

Bank & Branch _____

ENCLOSURE-I
(Part of Appendix-B)

MACHINE TOOL/EQUIPMENT

GIVE DETAILS OF MACHINERY ERECTED AND FUNCTIONING

Sl. No.	Description Remarks	Capacity	Make	Year of Purchase
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NOTE: Give details in case the firm has additional facilities like foundry etc.

Name of the Firm _____

Signature _____

Designation _____

Seal _____

ENCLOSURE-II
(Part of Appendix-B)

DETAILS OF TEST EQUIPMENT/LABORATORY/R&D FACILITIES

Sl. No.	Description	Capacity	Make	Year of Purchase	Frequency of Calibration	Date of last Calibration
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Name of the Firm _____

Signature _____

Designation _____

Seal _____

REMARKS: