

**Format for the Vendor Qualification Criteria (VQC)**

1	2	3	4	5	6
<p>NOMENCLATURE &amp; DRAWING NO.</p>	<p>MANUFACTURING TECHNOLOGY &amp; TESTING / INSPECTION FACILITIES REQUIRED TO PRODUCE THE ITEM</p>	<p>MUST BE POSSESSED BY THE VENDOR IN HIS OWN PREMISES - (P&amp;M LIST &amp; TESTING/INSPECTION EQUIPMENT LIST TO BE SUBMITTED)</p>	<p>PROVIDE DETAILS OF THE FACILITIES ASKED IN COLUMN (3) THAT ARE AVAILABLE IN-HOUSE (SELF-DECLARED P&amp;M LIST (Nomenclature of machine, Make/Model, Date of installation, Capacity/Size &amp; accuracy, Date of machine/Year of machine) AND TESTING/INSPECTION EQUIPMENT LIST (Nomenclature of the Testing/Inspection Equipment, Make/Model, Size &amp; Range, Date of calibration) ALSO TO BE SUBMITTED)</p>	<p>MAY BE POSSESSED BY THE VENDOR IN HIS OWN PREMISES OR OUT SOURCED - (MOU/TIE-UP WITH THE OUTSOURCING VENDOR/SUB-VENDOR AND THEIR P&amp;M LIST &amp; TESTING/INSPECTION EQUIPMENT LIST TO BE SUBMITTED)</p>	<p>PROVIDE DETAILS OF THE FACILITIES ASKED IN COLUMN (5) THAT ARE AVAILABLE IN-HOUSE OR OUT-SOURCED FIRMS (NAME AND ADDRESS OF THE OUTSOURCING VENDOR TO BE DECLARED BY THE FIRM IN FIRM'S LETTERHEAD, SELF-DECLARED P&amp;M LIST (Nomenclature of machine, Make/Model, Date of installation, Capacity/Size &amp; accuracy, Date of machine/Year of Manufacturing of machine) AND TESTING/INSPECTION EQUIPMENT LIST (Nomenclature of the Testing/Inspection Equipment, Make/Model, Size &amp; Range, Date of calibration) AND MOU/TIE-UP ALSO TO BE SUBMITTED)</p>
	Technology 1				
	Technology 2				
	Technology 3				
	Test/ Inspection 1				
	Test/ Inspection 2				
	Test/ Inspection 3				

**1. Supporting documents to be submitted:**

List of Plant & Machinery available in-house to be submitted as per format as well as outsourced vendors Plant & Machinery to be submitted as per format separately:

Sl. No.	Nomenclature of the machine	Make/Model	Capacity/Size & Accuracy	Date of Installation	Vintage of the Machine / Year of Manufacturing of machine

List of Testing/ Inspection facilities available in-house to be submitted as per format as well as outsourced vendors Plant & Machinery to be submitted as per format separately:

Sl. No.	Nomenclature of the Inspection/Testing equipment	Make/Model	Size & Range	Date of Calibration

In-house facilities including facilities with **sister / parent companies** shall be considered for capacity verification. However, supporting documents to establish relationship with sister/ parent company need to be submitted along with response to AVR/OTE.

The Plant & Machinery list and Inspection/Testing facility (as per the above format) duly signed by the **CEO/MD/Director/ Proprietor/Partner (with Name and Designation)**. If it is signed by authorized representative then scan copy of authorization letter should be attached.

If the facilities mentioned in Column No. 5 of Vendor Qualification Criteria is not available at your own premises, then submit the Outsourcing Vendor (Sub-Vendor) Name, Address, MoU/Tie-ups from the Outsource Vendor and their Credentials/Certification (i.e. Plant & Machinery list and Inspection/Testing facility list – as per the above format).

In case, if the Outsourcing Vendors (Sub-Vendors) are not submitting the above information, then the Main/Applied vendor have to endorse the Outsourcing Vendor (Sub-Vendor) Name, Plant & Machinery list and Inspection/Testing facility (as per the above format) available with the Outsourcing Vendors (Sub-Vendors) in their letter head, duly signed by the **CEO/MD/Director/ Proprietor/Partner (with Name and Designation)**. If it is signed by authorized representative then scan copy of authorization letter should be attached.

**Note:** Authorization letter should be signed by the CEO/MD/Director/ Proprietor/Partner (with Name and Designation). In the authorization letter the authorized person Name, Designation and his/her specimen signature shall be affixed.

**2. Self-declaration for P&M list:**

**Firms Letterhead**  
**Self-declaration**

I/We confirm that the information furnished about Plant & Machineries and Inspection/Testing facilities available at In-house as well as Outsourcing Vendors (Sub-Vendors) are correct to the best of my/our knowledge and belief. In the event of any information given by me/us is found incorrect/false at any time, I/We understand our registration will be cancelled without notice, besides any other appropriate action against me/us.

M/s.

Signature:

Name:

Designation: