

Format for the Vendor Qualification Criteria (VQC)

NOMENCLATURE & DRAWING NO.:

1	2	3	4	5	6
	MANUFACTURING TECHNOLOGY & TESTING / INSPECTION FACILITIES REQUIRED TO PRODUCE THE ITEM	MUST BE POSSESSED BY THE VENDOR IN HIS OWN PREMISES - (P&M LIST & TESTING/INSPECTION EQUIPMENT LIST TO BE SUBMITTED)	PROVIDE DETAILS OF THE FACILITIES ASKED IN COLUMN (3) THAT ARE AVAILABLE IN-HOUSE (SELF-DECLARED P&M LIST (Nomenclature of machine, Make/Model, Capacity/Size & accuracy, Date of Installation, Vintage of machine/Year of Manufacturing of machine) AND TESTING/INSPECTION EQUIPMENT LIST (Nomenclature of the Testing/Inspection Equipment, Make/Model, Size & Range, Date of calibration) ALSO TO BE SUBMITTED)	MAY BE POSSESSED BY THE VENDOR IN HIS OWN PREMISES OR OUT SOURCED - (MOU/TIE-UP WITH THE VENDOR/SUB-VENDOR AND THEIR P&M LIST & TESTING/INSPECTION EQUIPMENT LIST TO BE SUBMITTED)	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&M LIST (Nomenclature of machine, Make/Model, Capacity/Size & accuracy, Date of Installation, Vintage of machine/Year of Manufacturing of machine) AND TESTING/ INSPECTION EQUIPMENT LIST (Nomenclature of the Testing/Inspection Equipment, Make/Model, Size & Range, Date of calibration) AND MOU/TIE-UP ALSO TO BE SUBMITTED)
Technology 1					
Technology 2					
Technology 3					
Test/ Inspection 1					
Test/ Inspection 2					
Test/ Inspection 3					

Note: Facilities must be available with vendors own premises - including facilities available with **Sister / Parent Concerns / Strategic Partners** shall be considered for Capacity Verification subjected to documentary evidence to prove the relationship / ownership.