



SUR IRON & STEEL COMPANY (P) LIMITED

CRUSHING, SCREENING SYSTEMS & WELDING EQUIPMENT, WELDING AUTOMATION

Regd. Office : 15, CONVENT ROAD, CALCUTTA -700014, INDIA

Tel : 4021 7575 Fax : (00)-(91)-(033)-4021 7500

E-mail : calsisco@vsnl.net

VENDOR REGISTRATION FORM

(Attached separate sheet wherever required)

FORM NO :

REV. NO.:

A. GENERAL INFORMATION

1. Category of Product Enlistment : _____

2. Name of the Company : _____

3. Address: _____

4. Contact Person Name: _____

5. Designation: _____

6. Contact No: Mobile: _____ Land: _____

Fax : _____ Email : _____

7. a) Address Head Office:

b) Contact Person Name; _____

c) Designation : _____

d) Contact No: Mobile: _____ Land: _____

Fax : _____ Email : _____

8. Weekly Holiday : _____

9. Nature of Business: _____

10. Type of Industry : Small / Medium / Large : _____

11. Year of commencement of Business : _____

12. No of Partner : _____

13. Director's or Proprietors or Partners Name: _____

14. Annual Turn Over (Last Three Years) : _____

15. No. of Employee: _____

a) No of Graduate Engineer : _____ b) Diploma Engineer : _____

b) I.T.I technician : _____ d) Programmer of CNC M/C : _____

e) Operator of CNC M/C : _____ f) Chemist : _____

g) Programmer cum operator of CNC M/C : _____ h) Lab Technicians : _____

i) Workers :

I) General Staff : _____ II) For CNC Shop : _____

III) For Testing Lab : _____ IV) Total : _____

16. P.F facilities of Employees: _____

17. E.S.I facilities of employees: _____

B. COMMERCIAL

1. Sales Tax Rg. No : _____

2. VAT No : _____

3. Excise Rg. No.: _____

4. PAN No. : _____

C. LAND & BUILDING

1. Total area (sq. feet) : _____

2. Total Covered Area (sq. feet) : _____

3. Total Uncovered Area (sq. feet) : _____

4. Total Office space (sq. feet) : _____

5. Total Factory space (sq. feet) : _____

6. Water Supply : _____

7. Fire Fighting : _____

8. Details Materials Handling Systems: (type & capacity) _____

D. TRADERS, DEALERS, DISTRIBUTORS:

1. Types of trade or Buy : _____
2. Whether original dealer, buyers or importers: _____
3. Name of the "Brand" or Original Suppliers: _____
4. Certificate of approval from original supplier to be attached : _____
5. Warranty certificate form original suppliers is available : _____
6. Testing or Inspection facilities are available from original suppliers (if Reqd.) : _____

E. FOR CASTING SUPPLIERS:

1. Type of Casting : _____
2. Max Capacity of Single Pic. (Weight and Size) : _____
3. No of Furnace : _____
4. Type of Furnace : _____
5. Max Capacity of each Furnace : _____
6. Metal pouring system : _____
7. Capacity of Overhead Crane : _____
8. Alloy making Facilities : _____
9. Type of physical testing facilities : _____
10. Type of Chemical testing facilities : _____
11. Available machining facilities: _____
12. Die or Pattern making facilities: _____
13. Type of surface cleaning facilities : _____
14. Inspection facilities: _____
15. Do you mfg by your own drawing and design : _____
16. Mention the name and use of your own product : _____

17. Attach your customer list along with their components name : _____

F. FOR FORGING SUPPLIERS:

1. Type of Forging: _____
2. Max Capacity of mfg.(max dia, Weight and length) : _____

3. Max capacity of power Hammer : _____
4. Total no forging m/c: _____
5. Type of Forging Machine : _____
6. Capacity of Overhead Crane : _____
7. Type of Alloy steel forging Facilities : _____
8. Type of physical testing facilities : _____
9. Type of Chemical testing facilities : _____
10. Available machining facilities: _____
11. Die making facilities: _____
12. Inspection facilities: _____
13. No. of annealing and normalizing bath : _____
14. Types of annealing and normalizing bath: _____

15. Attach your customer list along with their components name : _____

G. FOR MACHINING SUPPLIER:

1. Type of machining facilities: _____
2. Do you have any jig or fixture making facilities : (mention in details) : _____

3. Do you have any drawing facilities: _____
4. Do you have any surface treatment facilities : _____
5. Mention types of surface treatment facilities: _____
6. Inspection facilities: _____
7. Attach your customer list along with their components name : _____

SUR IRON & STEEL CO. (P) LTD.
15, CONVENT ROAD, KOLKATA-14

(FOR OFFICE USE ONLY)

Approved of enlistment & supply in view of:

a) Past performance: _____

b) ISO 9001 Certified Co. : _____

c) Brand Reputation : _____

d) Recommended by Customer: _____
(Enclosed customer recommendation sheet)

Remarks:

e) On the basis of application : _____

f) Sample Trial ; _____
(Inspection Report enclosed)

g) Registration granted for : _____

Signature of SISCO Representative

Signature of DGM (E & D)

Signature of div. Head

Signature of GM (OP & CS)

Signature of Director