



RASHTRIYA ISPAT NIGAM LIMITED
VISAKHAPATNAM STEEL PLANT
[Vendor Registration Form](#)

GUIDELINES TO VENDORS FOR FILLING UP VENDOR REGISTRATION FORM

I. GENERAL :

Procurement of material, spares & components by RINL/VSP is through a system of approved/registered vendors.

Vendors desirous of getting themselves as approved suppliers of RINL/VSP furnish complete details of the product(s) for which registration is desired along with credentials of the firm / establishment. Application format along with a list of documents to be furnished is listed below for guidance of the prospective vendors.

- i) Vendors are selected based on the suitability of the product(s), capacity, turnover, quality etc. after due verification / capacity assessment by VSP's technical team.
- ii) In case the vendor so desires, it can opt for selection by trial method where the supplier offers their product for free trial followed by paid trial to establish performance of the product(s) for which enlistment is sought. Such vendors have to necessarily submit **Part-B** in addition to **Part -A**. The products of trial nature are: - Operational consumables, including all refractory materials.

II. Instruction for Registering request for Enlistment :

1. Full and unambiguous reply to each query must be given or else your application may not be processed at all.
2. RINL /VSP reserves the right to cancel or suspend registration without assigning any reason for the same.
3. The decision of RINL/VSP in respect of registration shall be final.
4. Vendor Registration Application Form can be downloaded from our website www.vizagsteel.com. For this, please click on tenders, then click on Materials Management Department, and then click on Registration / enlistment of new vendors.
5. The application complete in all respects, should be sent on-line.
6. The hard copy along with the supporting documents should be sent by registered post. The applicant / firm should invariably write their/its complete address on the acknowledgement card and affix postage stamps in case an acknowledgement for the receipt of the application is required at the following address:

MAILING ADDRESS:

Asst. General Manager (MM) Vendor Development Cell 3 rd Floor, Main Admn Bldg Visakhapatnam Steel Plant Visakhapatnam 530 031	Ph: 0891 2518021 Fx: 0891 2518753 / 2518756 e-mail: agmvdc@vizaagsteel.com
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- III. Any clarification with respect to procedure for registration may be obtained from the Vendor Development Cell.
- IV. All sheets of above forms are to be filled up and signed by the authorized signatory.
- V. Please attach separate sheet if the space provided is insufficient.
- VI. Any information/clarification required by VSP during evaluation must be given expeditiously.
- VII. Please ensure that all required enclosures are attached with the filled up Vendor Registration Form and list of Enclosures is given as required.
- VIII. ISO 9000-2000 accredited Vendors; the Table of Contents of Quality Manual may be submitted with the Form.
- IX. Please fill up the checklist given on next page and send along with the Vendor Registration Forms to VSP.
- X. Applications may be considered if our vendor list sub-group contains less than 8 (Eight) vendors.
- XI. Priority shall be given for manufacturers over dealers and traders.



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CHECK LIST FOR VENDOR REGISTRATION FORM

SI No	Check List	Yes /No
1	All enclosures and supporting documents have been enclosed.	
2	Summary list of enclosures have been furnished as per S.N. 7.9 of Other particulars	
3	Manufacturers have furnished the details of: a) Plant and machinery in the name of vendor b) Testing facility in the name of vendor c) Production range/ capacity d) Land area(open) e) Covered/building area f) Executed orders h) Performance certificates from customers i) Registration with other organizations j) ISO/ISI/IBR accreditations k) Ownership information l) Financial information	
4	Quality Assurance Plan (QAP) as being practiced has been enclosed.	
5	Are you an ISO 9001 -2000 accredited Vendor?	
6	If yes, have you enclosed "Table of Contents" of your Quality Manual and copy of ISO 9001 -2000-accreditation certificate?	
7	Names and designations of the authorized signatories of the company.	
8	Authorized Signatory has signed all the pages of the form & enclosures.	

Signature & Seal

Date:

(Authorized Signatory)

Note: This checklist is to be attached with the filled up Vendor Registration Form

Part- A

RASHTRIYA ISPAT NIGAM LIMITED
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Format No.VSP/VDC/OR

All columns should be properly filled in the space provided for. Wherever it is not applicable, please write "not applicable". **Incomplete or incorrect forms may not be considered. Please attach separate sheet, if space available is inadequate.**

NAME OF THE FIRM/COMPANY: _____

EXISTING VENDOR CODE (IF ANY): _____

1.0 PRODUCTS / SYSTEM / SERVICES FOR WHICH REGISTRATION IS APPLIED FOR:			
SI No.	DESCRIPTION	SIZE & RANGE	MFG STD: IS/BS/DIN
1.			
2.			

2.0 GENERAL INFORMATION	
2.1	<p>HEAD OFFICE ADDRESS :</p> <p>(Including District, State & PIN and area STD Code)</p> <p>TELEPHONE 1: _____ FAX1 : _____</p> <p>TELEPHONE 2: _____ FAX2 : _____</p> <p>E-MAIL : _____ WEB SITE : _____</p>
2.2	<p>FACTORY ADDRESS(If Different From Above)</p> <p>(Including District, State & PIN and area STD Code)</p> <p>TELEPHONE 1: _____ FAX1 : _____</p> <p>TELEPHONE 2: _____ FAX2 : _____</p> <p>E-MAIL : _____ WEB SITE : _____</p>
2.3	<p>WHETHER THE ADDRESS PROVIDE AT 2.1 IS:</p> <p>SUPPLY SITE ONLY <input type="checkbox"/> QUOTATION SITE ONLY <input type="checkbox"/></p> <p>PAYMENT SITE ONLY <input type="checkbox"/> ALL <input type="checkbox"/></p> <p>(INCASE OF DIFFERENT SITES PLEASE PROVIDE FULL ADDRESS)</p> <p>ADDRESS:</p> <p>TELEPHONE 1: _____ FAX1 : _____</p> <p>TELEPHONE 2: _____ FAX2 : _____</p> <p>E-mail: _____ Website: _____</p>



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2.4	NAME OF CHIEF EXECUTIVE / PROPRIETOR / PARTNER ADDRESS: TELEPHONE : MOBILE:	FAX : E-MAIL :
2.5	NAME OF THE CONTACT PERSON : DESIGNATION: ADDRESS: TELEPHONE : MOBILE:	DEPARTMENT : FAX : E-MAIL :
3.0 OWNERSHIP INFORMATION		
3.1	GOVT OF INDIA UNDERTAKING: OR STATE GOVT UNDERTAKING: OR LIMITED COMPANY: OR PRIVATE COMPANY CO-OPERATIVE SOCIETY: OR PARTNERSHIP FIRM: OR PROPRIETORSHIP: ANY OTHER (SPECIFY) : NAME OF THE GROUP/ ENTERPRISE/ SISTER CONCERN (IF ANY): NAME OF THE HOLDING COMPANY(IF SUBSIDIARY): NAME OF THE SUBSIDIARY (IF HOLDING COMPANY):	} Furnish Memorandum and articles of association Furnish Society rules and bye laws Furnish Partnership deed Furnish Profession tax regn. and Municipal regn.
3.2	NATURE OF BUSINESS : (MANUFACTURING UNIT /AGENT/ DEALER/ DISTRIBUTORS/STOCKISTS/ TRADER)	
3.3	YEAR OF ESTABLISHMENT :	
4.0 FINANCIAL INFORMATION		
4.1	NAME AND ADDRESS OF THE BANKER AND ACCOUNT NOS:	
4.2	BANK MICR NO:	
4.3	OD Limit:	
4.4	ENCLOSE BALANCE SHEET FOR THE PREVIOUS YEAR:	
4.5	ENCLOSE PROFIT AND LOSS STATEMENT FOR THE PREVIOUS YEAR:	



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5.0 STATUTORY REGISTRATION PARTICULARS

- 5.1 INCOME TAX PERMANENT ACCOUNT NO. :
(ENCLOSE COPY OF CERTIFICATE)
- 5.2 CENTRAL SALES TAX REGISTRATION NUMBER :
(ENCLOSE COPY OF CERTIFICATE)
- 5.3 STATE SALES TAX REGISTRATION NUMBER /VAT NO./VAT DEALER TIN:
(ENCLOSE COPY OF CERTIFICATE)
- 5.4 EXCISE DUTY REGISTRATION NUMBER :
(ENCLOSE COPY OF CERTIFICATE)
- 5.5 SERVICE TAX REGISTRATION NUMBER :
(ENCLOSE COPY OF CERTIFICATE)
- 5.6 EXCISE CONTROL CODE NUMBER / ECC ZONE
(ENCLOSE COPY OF CERTIFICATE)
- 5.7 NATIONAL SMALL SCALE
INDUSTRIES REGISTRATION NO. : (VALIDITY UPTO.....)
(ENCLOSE COPY OF CERTIFICATE ISSUED BY NSIC)
- 5.8 SMALL SCALE INDUSTRIES REGISTRATION NO. : (VALIDITY UPTO)
(ENCLOSE COPY OF CERTIFICATE ISSUED BY DIC- STATE GOVT.)
- 5.9 ANCILLARY STATUS RECOGNISED BY
- 5.10 DEALER :
(ENCLOSE COPY OF DEALERSHIP CERTIFICATE)

6.0 MANUFACTURING FACILITIES :

- 6.1 LAND AREA (OPEN)..... COVERED / BUILDING AREA.....
- 6.2 GIVE DETAILS OF MACHINERY AND ITS FUNCTIONING AS PER **APPENDIX**
- 6.3 GIVE DETAILS OF TESTING EQUIPMENT AND INSPECTION FACILITIES AS PER **APPENDIX**
- 6.4 GIVE BRIEF DESCRIPTION OF THE PRODUCTION PROCESS
- 6.5 QUALITY ASSURANCE PLAN PRACTICED (Enclose QAP) YES/NO
- 6.6 RAW MATERIALS REQUIRED
- 6.7 LONG TERM AGREEMENTS WITH SOURCES YES/NO



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Format No.VSP/VDC/OR

- 7.1 IF THE COMPANY IS ALREADY IN BUSINESS WITH ANY OF STEEL PLANTS, GOVT ORGANISATION, PLS FURNISH:
- 7.1.1 PLANTS NAME :
- 7.1.2 VENDOR REGISTRATION NO. :
- 7.1.3 ITEMS FOR WHICH REGISTERED & THEIR SPECIFICATION :
 (ENCLOSE PROOF OF SUCCESSFUL EXECUTION OF ATLEAST 3 LATEST PURCHASE ORDERS)
- 7.2 IS THE COMPANY AN ISO 9001-2000 APPROVED?: YES/NO
 (ENCLOSE CERTIFICATE)
- 7.3 IS THE COMPANY AN ISO:14000 APPROVED?: YES/NO
 (ENCLOSE CERTIFICATE)
- 7.4 IS THE COMPANY OHSAS-18000 APPROVED? : YES/NO
 (ENCLOSE CERTIFICATE)
- 7.5 IS THE COMPANY A SELF CERTIFIED COMPANY?
 IF YES 1) TO WHOM
 2) FOR WHAT PRODUCTS
- 7.6 TECHNICAL COLLABORATOR :
 (FOREIGN OR INDIGENOUS) : (ENCLOSE DOCUMENTARY EVIDENCE)
- 7.7 PAYMENT TERMS - NEFT/RTGS (Give details as per format)
- 7.8 EXPERIENCE LIST: (ATTACH)
 (i) LIST OF PRESENT CUSTOMERS WITH NAME & ADDRESS FOR OFFERED/SIMILAR TYPE & SIZE OF ITEM /EQUIPMENT FOR WHICH REGISTRATION HAS BEEN SOUGHT AND WITH WHOM YOU HAVE CONTINUOUS BUSINESS SINCE LAST THREE YEARS
 (ii) PERFORMANCE CERTIFICATE FROM CUSTOMERS
- 7.9 LIST OF ENCLOSURES:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.

Name of the Firm/Company _____

Authorised Signatory _____

Designation: _____

(Signature)
Office seal

Part – B

**RASHTRIYA ISPAT NIGAM LIMITED
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(To be submitted with Free Trial Proposal)

Format No. VSP/VDC/OR

A	<u>Product offered for Trial :</u> i) Description of product proposed for Free Trial ii) Area of application	
B	<u>Product Particulars:</u> i) Chemical composition ii) Physical Properties iii) Technological advantages of the product	
C	<u>Cost particulars:</u> i) Free Trial quantity ii) Unit price and value of free trial quantity	
D	<u>Performance particulars:</u> i) Has any SAIL Plants used this product ii) If yes, Performance Status (Enclose performance certificate)	

Name of the Firm/Company _____

Authorised Signatory _____

Designation: _____

Signature: _____

Office seal



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APPENDIX

DETAILS OF MACHINERY

SL. NO.	DESCRIPTION & SPECIFICATION OF MACHINE & ITS MAKE; YEAR OF MAKE; & YEAR OF INSTALLATION	ACCURACY & FINISH ATTAINABLE	NO. OF MACHINES INSTALLED	REMARKS
	IN-HOUSE FACILITIES			
	OUT-SOURCED FACILITIES, IF ANY			

DETAILS OF MEASURING FACILITIES, TESTING-EQUIPMENT AND INSPECTION FACILITIES :

SL. NO.	DESCRIPTION OF EQUIPMENT	SIZE, RANGE, CAPACITY & ACCURACY	MODEL AND MAKE	LAST DATE OF CALIBRATION	QUANTITY
	IN-HOUSE FACILITIES				
	OUT-SOURCED FACILITIES, IF ANY				

Name of the Firm/Company _____

Authorised Signatory _____

Designation: _____

Signature: _____

Office seal