ASSESMENT REPORT ON VENDOR

PART-I

1. Composition of assessment team

   (a) Officer – in – Charge :
   Name & Designation
   (b) Member : 1.
   Name & Designation : 2.

2. Name of the vendor :

_____
_____
_____

3. (a) Address of registered office (please do not repeat the name)

_____
_____
_____
_____ PIN _____
PHONE NO _____ TELEX _____
WITH _____ FAX _____
STD CODE _____ TELEGRAM _____

(b) Address of the factory / works:

_____
_____
_____
_____ PIN _____
PHONE NO _____ TELEX _____
WITH _____ FAX _____
STD CODE _____ TELEGRAM _____

4. Type of assessment : Initial / renewal / additional Item / Type or Qualification Approval
5. Date of receipt of application : For registration in the Establishment
6. Sponsors references with date :
7. (a) Date of receipt of complete :

Documents from firm

(b) Date (s) of visit :

8. Store / equipment for which : Vendor assessment carried out (Attach separate sheets if Required)

9. Have you gone into details and : Attach a brief report. Understood all the requirements To be fulfilled by the firm for The items given in column 8 Above

10. Having gone through the : (Attach extra sheets) Information in the Application And visiting the firms premises Give your comments on SI Nos. 6, 12, 19 of part I (Adm. Information) And SI Nos. 6 & 8 of party –II (Technical Information) of Appendix 'B'

11. Comments on the potential and Performance of the firm for Producing quality goods Adhering to delivery schedule Attention to complaints and Security consciousness

12. Comment on management/labour Relations and any labour problems Which may hold up production

13. Is the firm capable of providing? Literature for AHSP work (Specimen Copy of UHB / IL may be shown to Firm during visit along with instruction Issued by the AHSP

14. Do you recommend the firm for registration.

15. If not , give detailed reasons highlighting deficiencies and

recommendations for re - verification.

16. In case the firm is being recommended , what is the expected rate at which the firm can supply Defence store (Information required for each item)
    (a)Name of item
    (b)Monthly production capacity (MPC)
    (c)Lead time required from date Of placement of orders.
    (d) Factors affecting lead time if any (Attach separate sheet if required)

17. Monetary limit of the firm.

18. Any other relevant information including past performance and vendor rating of the firm.

19. Vendor grading score / vendor grading.

20. Final recommendations of the visiting team.

21. Assessment fee paid by firm vide ----------

Office seal.

Station : Signature

Office in – charge

Date Assessment team

Members

1.

2.

Date :

Part-II
OBSERVATION S/ RECOMMENDATION OF HEAD OF THE ESTABLISHMENT

1. Name of firm:-

2. OBSERVATIONS IN RESPECT OF -
   (a) Technical Capability to Manufacture items assessed :-

   (b) Capacity for quality control , testing and pre inspection :-

   (c) Adequacy of Inspection facilities and bonding space Commensurate to recommended capacity:-

   (d) Monthly production capacity recommended: -

   (e) Monetary Limit:-

   (f) Any other relevant information including past performance and vendor rating of the firm:

3. (a) Recommendation for registration for item (s)

   (b) Grading

Station:- Head of the establishment

Part –III

OBSERVATIONS / RECOMMENDATION OF HEADS OF THE ESTABLISHMENT

1. Name of firm :-

2. OBSERVATIONS IN RESPECT OF -

   (a) Technical Capability to Manufacture items assessed :-

   (b) Capacity for quality control, testing and pre inspection:-

   (c) Adequacy of Inspection facilities and bonding space Commensurate to recommended capacity:-

   (d) Monthly production capacity recommended: -

   (e) Monetary Limit:-

   (f) Any other relevant information including past performance and vendor rating of the firm:

3. (a) Recommendation for registration for item (s) .

   (b) Grading

Place :-

Date :- HEAD OF THE ESTT / AHSP CONCERNED

Part –IV

ORDERS OF TECHNICAL DIRECTOR

APPROVED / NOT APPROVED

Station :-
DQA ( )
Date :-