

**NMDC LIMITED***(A GOVERNMENT OF INDIA ENTERPRISE)*

10-3-311/A, CASTLE HILLS, MASAB TANK, HYDERABAD-500028

Phone : +91-40-23538713-20 Fax : +91-40-23538711/81

APPLICATION FORM FOR EMPANELMENT

EOI No. HQMM/Vendor MSEs/

Date :

Please type or write in block letters & tick against the correct box

Vendor Code No. (To be given by NMDC)

Name

Category for which Empanelment sought : (Specify category)

(Mandatory)

1.Name of the Company : _____

2.Office Address _____

City. _____ State: _____

Pin : _____

Telephone: _____

Fax : _____

Email: _____

Designation : _____

Contact person _____

Mobile No. _____

Res.Tel.No. _____

Web site: _____

Weekly Off:

Sun1	Mon2	Tue3	Wed4	Thu5	Fri6	Sat7
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3. Factory Address: _____

City. _____ State: _____

Pin : _____

Telephone: _____

Fax : _____

Email: _____

Designation : _____

Contact person _____

Mobile No. _____

Res.Tel.No. _____

Web site: _____

Weekly Off:

Sun1	Mon2	Tue3	Wed4	Thu5	Fri6	Sat7
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4. Regional offices : Provide your regional office address near Bailadila Sector (Chhattisgarh - State), Donimalai (Karnataka-State & Panna(Madhya Pradesh) Projects:

5.Nature of the Co: (Enclose copy)

MICRO	<input type="checkbox"/>
SMALL	<input type="checkbox"/>

SC/ST Enterprenor of MSE	<input type="checkbox"/>
WOMEN Enterprenor of MSE	<input type="checkbox"/>
Other than SC/ST & Women Enterprenor	<input type="checkbox"/>

6.Year of Establishment : _____ Year of commencement of production _____

7.Details of Proprietors/ Partners/Directors:

S.No.	Name	Designation	Address	Tel.No.
1				
2				
3				
4				

8. Employee: Managerial	<input type="checkbox"/>	Supervisory	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Unskilled	<input type="checkbox"/>
Office Staff	<input type="checkbox"/>	Otther Staff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

8a) Product/Service Rendered :

8b) Status of the company : Manufacturer (), (YES / NO)
Consultant() or any other.

9. Area: _____ Plot Area _____ Covered Area: _____

10. Registration No.

MST No.	CST No.
Local Sales Tax no.	Central Excise No.
SSI Regd. No.	VAT Registration number
LT Permanent A/c. No.	Attach latest IT clearance certificates
DGS&D Regd. No.	NSIC Regd. No.
TIN Number	MSME Regd. No.

11. Name of your important customers, buyer from govt. companies & products supplied to them along with Purchase Order referene
reference and due date for last 3 years.

(i)

Sl.No.	Name of the Company & Location	Products supplied

(ii) Performance report of the product from the users for last 3 years

(iii) If registered with any of PSU, please enclose copy

12.If already registered with NMDC Ltd, Pl specify **VENDOR CODE** and **CATEGORY** of item registered.

Also specify the **details of orders executed.**

Vender Code

Category

13. Do yo have qualified Engineers. If so how many to each category?

Mechanical Engineers	Design Engineers
Maintenance Engineers	Quality Engineers

14.a. Name and address of your banker and type of Account and no.

- (i) Full name of the party as appearing in Bank records
- (ii) Name of the bank and brach to which payment is to be sent.
- (ii) Branch code
- (iv) Account No. of the party
- (v) RTGS/IFSC code of the bank

b.Will you accept our payment terms i.e.

- For trials (where PG conditions is there): 1) 50% payment alongwith taxes & duties after achieving 50% guaranteed life
- 2) Balance 50% to 100% payment on pro-rata basis.
- For trials (where PG condition is not there) : 100% payment along with taxes & duties after receipt & acceptance and satisfactory performance

15.a. Did you apply for registration in NMDC Ltd. before, and if so with what results?

b. Deatails of items supplied to NMDC Ltd.

16. Do you have any of your relatives working in NMDC, and if so who?

17. Any other information you would like to mention (such as your expansion programme etc.)

18. FINANCE : Please give maximum details and enclose a copy of balance sheet.

Item	Past 2 years		current year	Next 2 years Projections
Share capital reserve borrowings total investment				
gross fixed asses				
Sales				
Materials consumed				
Profit before tax				
Profit after tax				
Exports				
R&D expenditure				
No. of employees				

19. Plant & Machinery Details Please give details of your Plant & Machinery group as shown in each department for the following : Use separate sheet if needed.

Production -1 Total Room-2		Quality Control-3 R&D-4			
Sl.No.	Type of Machine/ Facility Description	Make & Model	Machine Specification	No. of machines	Department

20. Quality Assurance details:

- (i) Are you accredited company for Quality systems like ISO, EMS, OHSAS etc.? (Encl . Copies)
- (ii) Do you have Third Party inspection facility? (please specify)

DECLARATION BY DIRECTOR/ PARTNER/ PROPRIETOR:

I declare that above information provided is true to the best of my knowledge. I undertake to inform you at the earliest, any change in details mentioned above.

Seal of the Company

Name, Designation & Signature :

Date :

Whether your firm registered In Government E Marketplace (GeM) Portal? (<https://online-gemregistration.in>)

i. If YES : Please enclose Copy of Registration

ii. If NO : Please do registration with GeM and Enclose Copy of Registration