

**KOTSONS PVT. LTD., AGRA**

*C-21, SITE-C, UPSIDC IND. AREA.,  
SIKANDARA, AGRA - 282 007 (U.P)*

**VENDOR REGISTRATION CUM ASSESSMENT FORM**

1. Name of vendor M/S. \_\_\_\_\_
2. Correspondence address \_\_\_\_\_
3. Phone no. /Fax no. \_\_\_\_\_
4. Person's to be contacted Name \_\_\_\_\_  
Official capacity \_\_\_\_\_  
Telephone no. \_\_\_\_\_
5. Category of firm Mfr./Auth. Dealer/Agent/Sub contractor
6. Company registration no. SSI/ Other registration no.: \_\_\_\_\_
7. Turnover for the Last 3 year \_\_\_\_\_
8. Factory area \_\_\_\_\_
9. No. of Years in the Business/Mfg. \_\_\_\_\_
10. Manufacturing capacity details  
i) Product Range \_\_\_\_\_  
\_\_\_\_\_
- ii) Manpower a) Permanent \_\_\_\_\_  
b) Temporary \_\_\_\_\_
- iii) List of machinery and testing equipment ( Please attach separate sheet )
11. Customer Profile ( Please attach separate sheet )
12. Have your product been type tested by \_\_\_\_\_  
any external agency if so give details. \_\_\_\_\_
13. Indicate national and international codes and/or standards being used for design and testing by your organization. Product/ Components:  
Code/ Standard:

14. Name your bankers and their address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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certify that the information supplied herein (including all pages attached) is correct to the best my knowledge.

SIGNATURE : \_\_\_\_\_  
NAME : \_\_\_\_\_  
DESIGNATION : \_\_\_\_\_  
DATE : \_\_\_\_\_

LIST OF ENCLOSURES:

- 1.
- 2.
- 3.
- 4.

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FOR OFFICE USE ONLY

**Action by Purchase Department**

Recommended for approval as Vendor / Subcontractor for supply / fabrication of \_\_\_\_\_

\_\_\_\_\_

H.O.D. D&D

H.O.D. Purchase

Date :

Date :

**Approved**

Date :

Managing Director