Fluid Control Research Institute

An ISO 9001 Establishment (A Government of India Project with UNDP Assistance) Under Ministry of Heavy Industries & Public Enterprises Kanjikode West, Palakkad – 678 623, Kerala India

| V/R Form No | | |
|-------------|--------------|--|
| | V.R Form No. | |

IMPORTANT INSTRUCTIONS

- 1. Validity of the V.R. FORM is 1 YEAR from the date of issue.
- 2. The V.R. Form is to be completed in all respects. If any item is not relevant, please write "Not Applicable".
- 3. Submission of incomplete application/short receipt of documents shall be sufficient cause for outright rejection and no further correspondence shall be entertained.
- 4. Physical verification of facilities as well as statements made/submitted will be carried out as necessary. Misinformation, if any, will made the registration liable to be cancelled.
- 5. Quote V.R. Form No. in all future correspondences.
- 6. Enclose all relevant documents.
- 7. Do not enclose any other document unless specially asked for.
- 8. Each page of the V.R. Form to be duly signed at the bottom.

FOR OFFICE USE ONLY

| M.K No | | V.K. Form No. |
|--------------------|-----------|---------------|
| Date | | |
| Date of issue of V | 7.R. Form | |
| V.R. Form issued | to | |
| Name & Address | | |
| | | |
| | | |
| V.R. Form issued | by | |
| Designation | | |
| V.R. Form Receiv | ved by | |
| Name | | |
| Signature & Date | | |
| Designation | | |

| V.R Form No | |
|-------------|--|
|-------------|--|

Signature of Vendor

Fluid Control Research Institute

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VENDOR REGISTRATION FORM FOR MANUFACTURER

| 1. | Name of the Organisation (in full, in Block letters) | : | |
|----|---|-----|---|
| 2. | List of products for which the registration is sought | : | |
| 3. | Name & Telephone No. of contact person | : | |
| 4. | (a) Head Office/Registered Office/Address | : | |
| | Telephone No. Fax No. | | |
| | (b) Branch Office in Kerala, if any Address | : | |
| | Telephone No. Fax No. | | |
| | (c) Works/Factory/Address | | |
| | Telephone No. Fax No. | | |
| 5. | Name of Chief Executive/Proprietor/Partners | : | |
| | Telephone No. Fax No. | | |
| 6. | Type of Organisation | | Documents to be enclosed |
| | (Strike out those not applicable) | | (Enclosure – I) |
| | a) Proprietory b) Partnership c) Private Limited Company d) Public Limited Company e) Public Sector |)) | Trade License Partnership Deed, Trade License Memorandum of Article Certificate of Registration Trade License |
| | | | |

| 7. | Are yo | ou a SSI/NSIC Industry ? | - 2 - Yes/No. Enclosure – 2 | |
|----|----------------------------------|--|--|-------------------|
| 3. | Orgar | nisation Structure No. of Employees (Total) | Enclosure – 3 | |
| | a) b) c) d) | Administrative Technical/Supervisory Skilled Workmen Unskilled Workmen | | |
|). | Details of production facilities | | | |
| | a) b) c) d) | Covered Area Uncovered area Connected load in K.W List of Plant & Machinery | Enclosure - 4 | |
| 0. | Qualit | ty Assurance Plan | Enclosure – 5 (Write up) | |
| | a) | List of instruments/equipments available to maintain quality | Enclosure – 6 | |
| | b) | Have you obtained ISO 9000 certification? If yes, enclosed copy | Yes/No. Enclosure – 7 | |
| | c) | Are you registered with the Classification societies? If yes, specify and enclose copy of the certificate | Yes/No Enclosure – 8 | |
| 1. | Perfo | rmance | | |
| | Includ | you received orders from reputed organisation ling FCRI ? If yes, enclose copies of order and rmance report of three different organisations each) | Yes/No Enclosure – 9 | |
| 2 | Last 7 | Fax Clearance certificate | | |
| | b) S | ncome Tax State Sales Tax Central Sales Tax | Enclosure – 10 Enclosure – 11 Enclosure – 12 | |
| 3. | | ou provide after Sales Service ? If no, mention Service agent. (Copy of service agreement) | Yes/No Enclosure – 13 | |
| 4. | | al Turnover during last 3 years (Enclose ce Sheet for last year) | Enclosure – 14 | |
| | a) b) c) d) | Year | Turnover in Lakhs (Rs) | |
| | | | - | Signature of Vend |

DECLARATION BY VENDOR

| | | r. | | 11 | |
|-----|--------|------|---|----|----------|
| - 1 | \sim | nfir | m | th | 21 |
| | | | | | <i>~</i> |

- 1) No employee or direct relation of any employee of FCRI. is in any way connected as Partner/Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.
- 2) The information furnished are correct to the best of my knowledge and belief.

| | (Signature of Proprietor/Partner/Chief Executive) |
|---------|---|
| | Name |
| | (in Capital Letter) |
| Place : | |
| Date : | (Seal of Vendor) |

Strike out those which are not applicable.

| V R F | orm No | | | | |
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VENDOR REGISTRATION FORM FOR TRADER

| 1. | Name of the Organisation : (in full, in Block letters) | | |
|----|---|-----|---|
| 2. | List of items for which the registration : is sought | | |
| 3. | Name & Telephone No. of contact person | : | |
| 4. | (a) Head Office/Registered Office/Address | : | |
| | Telephone No. Fax No. | | |
| | (b) Branch Office in Kerala, if any Address | : | |
| | Telephone No. Fax No. | | |
| 5. | Name of Chief Executive/Proprietor/Partners | : | |
| | Telephone No. Fax No. | | |
| 6. | Type of Organisation | | Documents to be enclosed |
| | (Strike out those not applicable) | | (Enclosure – I) |
| | a) Proprietory b) Partnership c) Private Limited Company d) Public Limited Company e) Public Sector |)) | Trade License Partnership Deed, Trade License Memorandum of Article Certificate of Registration Trade License |
| - | | | Signature of Vendor |

| | | | - 2 - |
|----------|--------------------|--|---|
| 7. | | u have dealership of the items under 2 above. If yes, enclose valid dealership cate | Yes/No. Enclosure – 2 |
| 8. | Quality | Assurance Plan | |
| | a) | Does your Principle have obtained ISO 9000 certification ? If yes, enclosed copy | Yes/No. Enclosure – 3 |
| | b) | Are your registered with the Classification societies? If yes, specify and enclose copy of the certificate | Yes/No Enclosure – 4 |
| 9. | Perforr | mance | |
| | includir and pe | rou received orders from reputed organisation, ng FCRI ? If yes, enclose copies of orders reformance report of three different sations (one each) | Enclosure - 5 |
| 10 | Last Ta | ax Clearance certificate | |
| | a) b) c) | Income Tax State Sales Tax Central Sales Tax | Enclosure - 6 Enclosure - 7 Enclosure - 8 |
| 11. | | provide after Sales Service ? If no, mention ervice agent. (copy of service agreement) | Enclosure – 9 |
| 12. | | undertake the responsibility to replace the ve items supplied by you? | Yes/No |
| 13. | | Turnover during last 3 years (Enclose se Sheet for last year) | Enclosure – 10 |
| | | Year | Turnover in Lakhs (Rs) |
| | a) b) | | |
| c) d) | | Current Year (estimated) | |

Signature of Vendor

DECLARATION BY VENDOR

| | I confirm that | |
|---------------|--|--|
| 1) Partner | No employee or direct relation of any employee of FCRI. is in r/Shareholder/Director/Advisor/Consultant/Employee etc. with t | |
| 2) | The information furnished are correct to the best of my knowledge. | edge and belief. |
| | | |
| | | |
| | | |
| | | |
| | | (Signature of Proprietor/Partner/Chief Executive)* |
| | | Name |
| | | (in Capital Letter) |
| Place : | | |
| Date : | | (Seal of Vendor) |

• Strike out those which are not applicable.