

**GOVT OF INDIA
MINISTRY OF RAILWAYS
SOUTH WESTERN RAILWAY
HUBBALLI**



**APPLICATION FORM
FOR
REGISTRATION OF FIRMS AS APPROVED SUPPLIERS**

Name of Firm _____

This booklet duly filled in should be returned to the following address

**OFFICE OF THE
PRINCIPAL CHIEF MATERIALS MANAGER
MATERIALS MANAGEMENT DEPARTMENT
SOUTH WESTERN RAILWAY
1ST FLOOR, RAIL SOUDHA
GADAG ROAD
HUBBALLI – 580020**

TEL: 0836-2289897, FAX: 0836- 2289897
www.swr.indianrailways.gov.in

CHECK LIST

DOCUMENTS TO BE ENCLOSED WITH THE APPLICATION FOR REGISTRATION

Note: a. the applicants are advised to go through the instructions with regard to the filling up of the registration form and indicate details of the documents enclosed without fail.

b. In- case all the columns of the form are not filled up properly and all the documents are not sent along with the form, the application is liable to be filed and the case closed without further correspondence on the subject of registration.

Name of Documents submitted

- | | | |
|----|---|------------|
| 1 | Photocopy of Registration with the Registrar of firms and certificate of incorporation/shop/Commercial Est. Act./Factory Act. Duly attested by a Gazetted Officer (G.O.) or Notary Public (N.P.). | Yes/No |
| 2 | Photocopies of your State sales & Central Sales Tax certificates to be enclosed with attestation. | Yes/No |
| 3 | Attested Photocopy of partnership deed (duly attested by a G.O./N.P.) | Yes/No/N.A |
| 4 | Evidence regarding ownership of Plant/Machinery/Building/Stock go down (attested by a G.O./N.P.) | Yes/No |
| 5 | Profit and loss account and balance sheet signed by a Chartered Accountant & by the Director/Partner/Proprietor and stamped. (Last three years) | Yes/No |
| 6 | Statement showing result of operation and financial position for last 3years (duly attested by a G.O./N.P.) | Yes/No |
| 7 | General Power of Attorney, on a non-judicial Stamp paper duly attested by a G.O./N.P. wherever the documents are signed by a person other than the Proprietor/Partner Director (Please see item (6) under "in Part I) | Yes/No/N.A |
| 8 | Affidavit separately from each Partner, Director/Proprietor or their wives/husbands or any of their family members, whether or not he/she is a Partner or Director/Proprietor, in any other concern (on a non-judicial stamp paper duly attested by Notary Public). In case he/she is/they are representing any other firms, details thereof should be indicated. (Please see item 9(b) under 'instructions' in Part 1) | Yes/No |
| 9 | Affidavit of the Proprietor/Partner/Director (on a non-judicial stamp paper duly attested by a G.O./N.P. declaring that the dealing of the Firms or their Directors/Partners/Proprietor have not been banned by the Ministry of Railways/Supply or any Government Department (Please see Item 9© under 'Instructions' in part 1. | Yes/No |
| 10 | Original of affidavit made on a stamp paper and attested by a First Class Magistrate or a Notary Public declaring the value of stock owned by you. | Yes/No/N.A |
| 11 | Original of affidavit made on a stamp paper and attested by a first Class Magistrate or a Notary Public listing and declaring the Machineries owned by firm. | Yes/No/N.A |
| 12 | Performance statement i.e. details of Orders Secured on the proforma attached to the application form at pages 10 &11 (duly signed and stamped) in triplicate. | Yes/No |
| 13 | Photo copy of Small Scale Industry certificate | Yes/No/N.A |
| 14 | Photocopy of RDSO/DGS & D/NSIC/Railway registration certificates, if any (duly attested by a G.O./N.P) | Yes/No |
| 15 | Enclose the confidential report on your financial standing, reliability and capability from your Bankers along with this application | Yes/No |
| 16 | In case of authorized Stockiest/Dealer/Agent, Certificate from the Manufacturer enclosed for all the products concerned. | Yes/No/N.A |
| 17 | Whether testing facilities exist for the material offered, if so, give the full details and enclose a photocopy of the T.C. | Yes/No/N.A |
| 18 | Memorandum and Articles of Association with Certificate of Incorporation and a list of sitting Directors (duly attested by a G.O. /N.P.) | Yes/No/N.A |
| 19 | List of sitting directors | Yes/No/N.A |
| 20 | Demand Draft for Rs. 100/- (Rupees one hundred only) in favor of Divisional Cashier (Pay), South Western Railway, Hubballi-580020, towards Application & Registration fees. | Yes/No/N.A |
| 21 | Class IIIB Certificate of Digital signature | Yes/No |
| 22 | Documentary proofs for Classification as a) Micro Enterprise or b) Small Enterprise | Yes/No/N.A |
| 23 | Documentary proofs for Sub classification as i) Enterprise owned by Scheduled Caste or ii) Enterprise owned by Scheduled Tribe or iii) Enterprise owned by others. | Yes/No/N.A |
| 24 | Total number of documents enclosed | |

Place:

Signature of the Applicant:

Date:

Stamp:

MINISTRY OF RAILWAYS

**PRINCIPAL CHIEF MATERIALS MANAGER, SOUTH WESTERN RAILWAY,
HUBBALLI – 580020**

Serial No. _____

**APPLICATION FORM FOR USE OF FIRMS IN INDIA FOR ENLISTMENT AS APPROVED
CONTRACTORS TO SOUTH WESTERN RAILWAY**

Note: Complete and definite answer to questions must be given otherwise; the application is liable to be ignored.

GENERAL

| | | |
|----|--|--|
| 1) | Name of firm/Company whether Private/Public/Government/Non-Governments. Addresses of Head Office and Branches: Telephone /Telex/fax Nos. Telegraphic Address Email ID: | |
| 2) | (Answer as applicable) (a) If you are a proprietorship concern, (i) Proprietor's Name and Address (ii) Full details of other undertakings owned/controlled by the Proprietor(s) | |
| | (b) If you are a partnership concern, (i) Partners Names, addresses and percentage of shares held (ii) Connection between the undertaking and other undertakings, if any, e.g. partners are common or have share (percentage) in any other undertakings (s) and address (s) | |
| | (c) If you are a Limited concern, (i) Managing Director/Whole-time Director/ Manager's Name and address. (ii) Is it a subsidiary of Indian company Foreign Company with particulars of the parent/holding company? (iii) Board of Directors (Names and Addresses) (iv) Other companies, if any, in India which are subsidiaries the parent company, Names and full particulars. (v) Stores manufactured/handled with details of specification to which these are manufactured/stocked by you as well as by your subsidiaries mentioned above. | |
| 3) | (a) Is your firm incorporated under the companies Law or any other Law of India? If not, who are the partners/proprietors (Please give their Names and addresses) (b) Is your firm registered under the Indian partnership Act, 1932? (c) Is your factory registered under the Indian Factories Act, 1948? | |
| 4) | Does your firm come under the scope of the Industries (Development & Regulations) Act, 1951 and if so, the No. and date of Registration of licence held under the Act. | |

| | | |
|----|--|--|
| 5) | If the firm is registered under the Indian companies Act, 1913/Companies Act, 1 of 1956 state: (a) The name in which it is registered (b) The Registrar with whom it is registered (c) The date of registration and the number of registration certificate. (d) Subscribed capital. | |
| 6) | If the firm is registered under the Indian Partnership Act, 1932 or any other Act, requiring the registration of firm/partnership (a) The name and/or style in which it is registered (b) The place of the Registrar of firms with whom registered (c) The date of such registration and the number and date of registration certificate (d) The name and the addresses of all the partners and the extent of their shares (e) Whether under the partnership deed any one partner has been authorized to sign and bind the firm in all contractual obligations including power to refer cases for arbitration. If not whether a separate Power of Attorney exists in favour of a particular partner to perform such functions. In the latter case a copy duly attested by a Notary Public should be submitted. | |
| 7) | If any other case: The name(s) and addresses of the proprietor and/or all the partners and the nature and extent of their interest in the Joint Business (in the case of a Joint Hindu family firm, give this information regarding all persons who have any interest in the business). | |
| 8) | Item or items of stores giving reference to Trade group code No. of the attached list for which enlistment is desired (As per statement viz., General conditions at page 8 & 9) | |
| 9) | Whether the firm is accredited with ISO Quality Standards such as ISO 9000, ISO 14000, etc., If so Furnish details and enclose attested copies. | |

| TECHNICAL | | | | | |
|------------------|-----------|-----|--------|-------|------------------------|
| Address | Telephone | Fax | E-Mail | Telex | Person to be contacted |
| | | | | | Name Official capacity |
| a. Factory | | | | | |
| b. Office | | | | | |
| c. Local Rep. | | | | | |

2. Nature of Business: :
(Strike out whichever is not applicable)

Manufacturer/Sole Selling Agent/
Dealer/Trader/Agent/Stockist.

3. Total area of Factory/Godown:
Covered :
Uncovered:

4. If you are a manufacturer, state:

i) Nature of Industry: Small scale /Medium scale/Large scale

a) In case of cottage industry/small scale industry, registration No. and date with the Director of Industry /NSIC (Documentary Evidence to be provided)

ii) Give following details:

| | | |
|--|----------------------------------|------------------|
| Manufacturing capacity As approved by the Govt. | Industrial License No. & Date | Product Licensed |
|--|----------------------------------|------------------|

iii) Electric Power:

Sanctioned:

Installed:

Standby:

iv) Details of machines in operation: (to be enclosed as annexure)

v) Numbers of employees:

| Status | Graduate | Diploma | Skilled | Un-skilled |
|----------|----------------|---------|---------|------------|
| Division | Tech/Non-tech. | | | |

Production:

Quality Control:

vi) a) Are the minimum requirement of experience and qualification laid down for Production Manager and supervisory staff? If so, give details;

b) Are the minimum requirements and qualification laid down Quality Control manager and inspection staff?

If so, give details:

vii) Duration of which factory is in production:

viii) A brief quality assurance plan (to be enclosed as annexure)

ix) Facilities for testing inspection: (Details such as Key instruments, Gauges, Capacity, Accuracy make calibrated up to, Place of calibration and outside testing facility to be submitted separately as Annexure)

x) Do you have testing facilities for bought out materials, if not, what is done for testing?

xi) Is process inspection done during manufacture?

xii) Do you have finished product inspection set up?

xiii) Are gauges/instruments in use periodically calibrated?

xiv) Can you comply with the quality certificate whenever called for?

xv) Have your products been tested by any agency? If so, indicate details.

xvi) Source of raw materials; Description of raw materials Name and address of the supplier

xvii) Foreign collaboration, if any

| Product | Name and address of the collaborator | Year of collaboration | Whether current or not |
|---------|--------------------------------------|-----------------------|------------------------|
| | | | |

xviii) In case you do not own the factory but utilize the factory of some other firm for the manufacture/fabrication of the stores for which you apply for registration, on lease or other basis, you should furnish a valid legal agreement that the factory of (*) _____

Has been put at your disposal for the manufacture/fabrication of the stores for which registration has been applied for: Here indicate the name of the firm whose factory is being utilized.

xix) No. of man hours lost due to industrial unrest during the last three years (year wise);

5) Details of organization for after sales service;

6) If you are accredited agents of any manufacturers give:

a) Name and address of the manufacturers; _____

b) Articles for which you have agencies (Documentary evidence from manufacturers to accompany) _____

7) If you are a stockiest, furnish the details of:

(Documentary evidence for being a registered stockiest to be attached).

| Principals by Whom authorized As Stockiest/Dealer | Key Products | Total Value of Stocks | Validity of Authorisation |
|---|--------------|-----------------------|---------------------------|
| | | | |

8) Details of Infrastructure:

- a) Computerisation activities:
- b) Transportation facilities:
- c) Credit facilities:

9) In case of an Indian Agent of overseas supplier furnish the following details:

- a) Name & Address of the overseas Suppliers:
- b) Telephone, E-Mail, Fax and Web-site of the overseas supplier:
- c) Name of the Product:
- d) Percentage of Agency Commission:
- e) Copy of authorization letter form:
 Overseas supplier (enclosed or not):
- f) Details of Services rendered by the:
 Indian Agent to the purchaser:
- g) Whether registered with DGS & D as a registered Agent of import-supplier, if so register to be furnished.

10) Details of Vendor evaluations: Vendor rating of any Prestigious Clients.

11) a) Whether your firm is

(i) Micro Enterprise :

(ii) Small Enterprise :

Please specify and submit relevant documents.

b) Whether your firm is classified as:

i) Enterprise owned by Scheduled Caste :

ii) Enterprise owned by Scheduled Tribe :

iii) Enterprise owned by other than above two categories:

Please specify and submit appropriate documents in proof of (a) & (b) above

Note: For a vendor to get classified as a Micro Enterprise and Small Enterprise, the vendor must submit documentary proof of being registered with any of the agencies indicated below and also the terminal date of validity of the registration

(i) District Industries Centers

(ii) Khadi and Village Industries Commission

(iii) Khadi and Village Industries Board

(iv) Coir Board

(v) National Small Industries Corporation

(vi) Directorate of Handicraft and Handloom

(vii) Any other body specified by Ministry of MSME

12) Any other special information:

COMMERCIAL

| | | |
|----|---|--|
| 1. | Name and address of your bankers (Ask your Bankers to forward directly to us in a sealed cover their confidential report on your financial standing, capability and reliability within 10 days) | |
| 2. | Sales Tax registration Number | |
| 3. | Excise Registration Number | |
| 4. | Are your products covered by warranty? If so, state: a) Period b) Scope of warranty | |
| 5. | Do you pay Income-Tax? If so, enclose a copy of the latest valid I.T.C.C. from your income-Tax circle issued in a favour of your firm. | |
| 6. | Any other remarks, which you wish make: | |
| 7. | Annual Report/Balance Sheets. Profit & Loss Statements. One copy each of the following should be furnished. i) Last Annual Report ii) Profit & Loss Account & Balance Sheet for and at the end of the last year. iii) A Statement showing the results of operation and financial position of the firm during the preceding three years in the proforma given below. | |

| Sl. No. | Details | For Financial Year | | |
|---------|------------------------------|--------------------|-------|-------|
| | | As on | As on | As on |
| 1 | Sales | | | |
| 2 | Gross profit | | | |
| 3 | Depreciation | | | |
| 4 | Pre-Tax profit | | | |
| 5 | Taxation | | | |
| 6 | Net profit and Tax | | | |
| 7 | % of net profit on sales | | | |
| 8 | Dividend declared | | | |
| 9 | Net Block | | | |
| 10 | Capital employed | | | |
| 11 | Reserves | | | |
| 12 | % Profit on capital employed | | | |

I /We Do hereby declare that the entries made in this application form are true to the best of my/our knowledge and also that we shall be bound by the acts of my/our duty constituted attorney.

Mr..... Who has signed this application and of any other person who in future be appointed by me/us in his stead to carry on the Business of the concern whether an intimation of such changes is given to SWR or not.

I/We do hereby confirm that I/We have read the conditions governing Railway contracts as amended from time to time and would abide by the conditions in all respects.

.....
Signature of Partners, Proprietors or Managers etc.

All subsequent changes in the constitution of working of a firm, affecting the accuracy of the answers now given should be promptly communicated to SWR.

Signature

Place:

Date:

.....
**Signature of Persons signing this application Form
(Proprietor, Partner, Manager etc.)**

