

Schedule for Vendor Assessment

TO BE FILLED IN BY SUPPLIER/CONTRACTOR

S.No.	ITEMS	DETAILS
1.	Name of Supplier/Contractor in full	
2.	Office Address	
3.	Works Address	
4.	Tel. No.	
5.	Fax No.	
6.	Person(s) to be contacted Name: Designation: Mobile No.: E-mail ID:	
7.	Address for sending bids/query etc.	
8.	Name of Bankers (Enclose Authority letter enabling SJVN to contact the Bank if required)	
9.	Weekly off Office: Work:	

	Items Manufactured / Service Offered	Items / Services Interested in supplying/offering to SJVN
1.		
2.		
3.		
4.		
5.		
6.		

❖ Please provide information along with copies of similar orders executed during last 7 years for the items/services/repair job for which registration is applied in SJVN/NJHPS (Separate table is to be prepared as per following format for each category/sub-category)

S.No.	Name and Address of Client	Detail of Supply/work executed including size of job/Francis turbine rating/Dimension of Runner/Guide Vanes/Labyrinth etc.	Order No. & Date	Date of Completion as per Order	Actual Date of completion of Supply/work executed	Order Value	Copy of Order Enclosed (Yes/No)	Copy of satisfactory completion and performance certificate issued by end users

Registered & Corporate Office	SJVN Corporate Head Quarter, Shanan, Shimla, Himachal Pradesh Pin No.-171006	SJVN Expediting Office	SJVN Ltd. Office Block, Tower-1, 6 th Floor, NBCC Complex, East Kidwai Nagar New Delhi-110023
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Type of Company	
Yes/No	
A	Pvt. Ltd
	Public Ltd.
	Proprietary
	Partnership
	Public Sector

Type of Industry	
Yes/No	
B	Small Scale
	Large Scale
	MSME
	Start Up
	Govt.
	Partnership
	Contractor
	Authorised Distributor/Manufacturer

Manpower Details	
C	Organization Chart
	List of Manpower
	List of Tools and Plant including special T&P

Registration number (whichever is applicable)	
D	NSIC Reg. No.
	Validity of NSIC Registration
	Type of Jobs /Items for which NSIC Registration awarded for
	MSME Type
	MSME Registration effective date
	PAN No.
	GST Registration Number
	ESIC No.
	EPF Code No.
	Income Tax No.

Taxes and Duties	
E	Date of commencement of MFG.
	GST Registration No.
	PAN No.
	Total Capital employed(Rs. in Lacs)

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F	Details of Directors if applicable		
	Name	Qualifications	Experience in Yrs.

Financial Data				
G	Annual Sales Turnover for the last three years (Rs. in Lacs)	2017-18	2018-19	2019-20
	Net Profit			

- Please submit copies of audited annual reports or CA certificate in support of above.

Details of Machinery, Instruments and Other Equipments (Use additional Sheets , if required)						
S.No.	Description	Capacity	Make Name	Year of installation	Nos.	Remarks

Details of further Sub-Contractors ,if any		
Name of Work	Name of Sub-Contractor	Experience(Furnish all information as sought from sub-contractor)

Furnish following information:-	Submitted(Yes/No)
1. Latest audited annual report	
2. Balance Sheet	
3. Valid Income Tax Clearance Certificate	
4. Details of Pending Arbitration cases	
5. Details of pending disputes with Statutory Authorities	
6. Cost of Registration Document paid as per Instruction to Vendors clause No.6.0	
7. Profit & Loss A/C or C.A certificate showing sales turnover/P&L for last three years	

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I declare that the above information is correct to the best of my knowledge.

**Place :
Date :**

**Signature :
Name :
Designation :
Seal :**

The person signing the above proposal is required to submit one of the following:

- 1. Special power of Attorney / Copy of Board Resolution attested by notary in case of Limited Company.**
- 2. Affidavit of Proprietorship in case of proprietary firm.**

PLEASE SEND THE ABOVE FORM IN YOUR COMPANY LETTER HEAD BY POST DULY FILLED IN AND COMPLETED WITH REQUIRED ENCLOSURES TO:

**HEAD OF DEPARTMENT (HOD),
PROCUREMENT AND CONTRACT DEPTT.
NJHPS, SJVN LIMITED, JHAKRI-172 201.
DIST. SHIMLA.(H.P.), INDIA
FAX NO: 91-1782- 234049
PHONE NO.: 91-1782-275236
E-MAIL: Rajeev.kapoor@sjvn.nic.in**

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