

(To be Filled up by SUPPLIER)

1. Supplier's Name : _____
2. Scope of Work : _____
3. Address : (OFFice) : _____

 (Factory) : _____

4. Contact Person : _____ Tel. No. : _____ Fax No.: _____
 Mobile No. : _____, Email : _____
5. Type of company :- Partnership Public Limited Private Ltd. Proprietary
6. Total Nos. of Employees : _____
7. Working shiFt :- _____ Working hrs :- _____ Weekly holiday :- _____
8. ISO 9001:2015 CertiFied company : Yes / No (IF Yes, please attached the copy of certiFicate).
9. Facilities Available (For ManuFacterer) :

[a] Existing Machinery : (Attach list iF required)

Sr. No.	Machine Description	Qty.

[b] Inspection & Testing Facility : (Attach list iF required)

Sr. No.	Description of Insp. & Testing Equipments	Qty.

Representative's Signature :

Designation :

Date :

**SHREE RAJ CASTECH PVT.
LTD.**

SUPPLIER REGISTRATION FORM

F PS 03 (00 / 01.04.16)

(To be Filled up by Organisation)

2. Supplier is suitable to our requirements

Yes

No

IF yes, Place the trial order.

IF no, speciFY the reason :

3. Evaluation of trial order :

Trial Order details					Received		Result	Remarks
Order No.	Date	Item	Process	Qty.	Date	Qty.		

4. Supplier is approved : Yes / No

If Yes, Supplier's registration number :

If No, Specify the reason :

Comments (If any) :

Approved Date :

Approved By :