



HMT LIMITED

(A Government of India Undertaking)

APPLICATION FOR REGISTRATION AS A SUPPLIER

HMT Limited is one of the premier Public Sector Enterprises of the Government of India under the Ministry of Heavy Industry and Public Enterprises. The diversified product range of HMT Limited and its Subsidiaries comprise Tractors, Watches, Machine Tools, Metal Forming Presses, Die Casting & Plastic Processing Machinery, CNC Systems, Printing Machinery and Bearings.

HMT Limited invites interested parties for enlistment as suppliers to the company. Applicants shall be short-listed for further consideration, after evaluation of relevant documents submitted, and if found necessary, the Vendor Development Committee will conduct an inspection of the facilities. Enlistment as approved supplier could entail successful execution of a trial order.

Suppliers interested in partnering with HMT are requested to fill-in the Registration Format as per the instructions given below and submit the same to the relevant unit/s of HMT along with all the supporting documents required.

Please note that before the assessment of this application can be completed, a representative from HMT may contact you concerning the financial and technical information that you provide. Your co-operation is required to assist in the assessment process. The assessment report is for use by HMT for the purpose of assessing the Suppliers for registration and will be treated as strictly confidential.

Instructions for filling the Format

- All columns in the form are to be filled up. If applicant has no information to fill in a particular column, "Nil" may be mentioned. In case of columns not relevant in the applicant's case, "Not applicable" may be mentioned. No columns should be left blank.
- Please attach separate sheet if the space provided is insufficient.
- For any other information, separate sheet may be attached.
- Please ensure that all required enclosures are attached and the list of enclosures is filled up.
- All sheets of the form are to be signed by the authorized signatory.
- Please complete all sections of the form & sign the declaration and send completed form and attachments in an envelope marked "Application for Registration as Approved Supplier" to the Chief of Purchase Department of the Unit concerned.
- Any information / clarification required during evaluation must be given expeditiously. Failure to co-operate may affect registration.

FORM OF APPLICATION FOR REGISTRATION AS A SUPPLIER FOR HMT LIMITED

Ref:
(For office use only)

SECTION 1: Applicant Particulars

| | | |
|-----|--|-------------------------------------|
| 1.1 | Registration Category (Please tick the relevant category): | |
| | Original Equipment Manufacturer (OEM). | Government Department. |
| | Stockist / Distributor. | Consortium / State / Govt agencies. |
| | Small-scale industry | Importer |
| | Public Sector Unit | Others (Please mention) |
| 1.2 | Name of the individual/ Firm / Company | |
| 1.3 | Constitution or Legal Status | |
| 1.4 | Registration Number/ Authority / Date | |
| 1.5 | Registered Address of Office | |
| 1.6 | Web Site URL | |
| 1.7 | Contact Particulars: | |
| | Telephone no | |
| | Fax no | |
| | Mobile no | |
| | E Mail ID | |
| 1.8 | Name of the CEO / Proprietor | |
| | Telephone no | |
| | Fax no | |
| | Mobile no | |
| | E Mail ID | |

SECTION 2: Company Profile

2.1 Type of ownership (Please tick)

| | | |
|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Company (Pvt / Public) |
| <input type="checkbox"/> PSU / Govt Undertaking | <input type="checkbox"/> Research Institute | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Joint Venture (Please specify) | | |
| <input type="checkbox"/> Others (Please specify) | | |

Note: Enclose copies of Income Tax Return (In case of individual) partnership Deed / Articles & Memorandum of Association / JV Agreement / Certificate of incorporation / Certificate of Registration etc. as applicable, duly certified by Chartered Accountant.

2.2 Names of Owners/ Partners/ Promoters and Directors/ Company Secretary/ Holder of power of Attorney, as applicable in the following format.

| Sl. No. | Name of the person | Position held |
|---------|--------------------|---------------|
| | | |
| | | |
| | | |

2.3 Names & addresses of all associated, subsidiary & holding companies, including trusts.

| Company's name | Address | Nature of business | Relationship with applicant. |
|----------------|---------|--------------------|------------------------------|
| | | | |
| | | | |
| | | | |

2.4 Details of any overseas Collaborator:

| |
|--|
| |
|--|

2.5 Is the company is a small-scale industry registered with the N.S.I.C. YES / NO
(If YES, please enclose copy of NSIC Competency / Capacity certificate)

2.6 Is the company covered by the Factory Act YES / NO

2.7 Do your products have ISI registration YES / NO

2.8 Details of ISO and other Quality Certifications obtained:

| Institution | Type of certification | Valid up to (date) |
|-------------|-----------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

2.9 Are you having Rate contract with DGS & D / authorised by OEM to supply against DGS&D Rate contracts?
YES / NO

- If yes attach list of items and rate contract details.

2.10 Are you registered with any of the HMT Units (if, yes, please provide details)?

| HMT Unit with which registered | Registration Reference | Supplier since (year) | Approx value of supplies | Vendor Rating Obtained |
|--------------------------------|------------------------|-----------------------|--------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Attach necessary certificates issued by the registering authorities.

2.11 Are you registered with any of the PSUs / Central Govt/ State Govt/ Major Private Organizations / Others (please specify)?

| Company, etc with which registered | Registration Number | Dated | Validity | Class / Type of registration |
|------------------------------------|---------------------|-------|----------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Attach necessary certificates issued by the registering authorities.

2.12 List of your major products / services, you intend to offer as a supplier.

| Sl. No. | Major Products / Services | Are you Original Equipment Manufacturer for the listed product |
|---------|---------------------------|--|
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |

- Please enclose your company / product catalogues.

2.13 Do you have authorized dealer / service centers? -If yes please enclose the List.

2.14 List of your major customers.

| Sl. No | Customer's Name and address. | Product supplied |
|--------|------------------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please attach Customer references and/or proof in the form of Purchase Order copies / invoice etc.

2.15 Name & Address of your Transporter

2.16 Are you an exporter? If so, please give details of export for last 3 years.

| Financial Year | Products / Services | Country | Value-Rs. Lakh |
|----------------|---------------------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

2.17 Please enclose a copy of your Company Profile

2.18 Details of HMT employees having financial interest in the unit, if any.

2.19 In the last 3 years, has your firm been debarred, disqualified, removed, business dealings banned or otherwise prevented from bidding?

YES / NO.

If yes, please give details.

2.20 Please provide any additional information, which can help you in securing registration with HMT LIMITED.

SECTION 3: Financial Details

3.1 Annual turnover in the past 3 years:

| Financial year | Annual Turnover (Rs. Lakhs) | Profit / (Loss) (Rs. Lakhs) |
|----------------|-----------------------------|------------------------------|
| | | |
| | | |
| | | |

3.2 Attach the following audited financial statements, if applicable, for the past three financial years and confirm in the appropriate column for having enclosed the appropriate documents:

| Financial Year | Balance Sheet | Profit / Loss Statement. |
|----------------|---------------|--------------------------|
| | YES / NO | YES / NO |
| | YES / NO | YES / NO |
| | YES / NO | YES / NO |

3.3 Income Tax Registration Details:

| | | | |
|------------|--|------------|--|
| TAN Number | | PAN Number | |
|------------|--|------------|--|

Details of Income Tax assessed, as per IT Clearance Certificate for the last 3 years.

| Year | Amount Assessed-Rs. Lakh | Amount paid-Rs. Lakh | Balance to pay-Rs. Lakh |
|------|--------------------------|----------------------|-------------------------|
| | | | |
| | | | |
| | | | |

3.4 Sales Tax Registration Details:

| | |
|------------------------------------|--|
| Central Sales Tax Registration No. | |
| State Sales Tax registration no. | |
| VAT- T I N No. | |

Details of Sales Tax assessed, as per ST Clearance Certificate for the last 3 years.

| Financial year | Amount Assessed-Rs. Lakh | Amount paid-Rs. Lakh | Balance to pay-Rs. Lakh |
|----------------|--------------------------|----------------------|-------------------------|
| | | | |
| | | | |
| | | | |

- Attach copies of Sales Tax Clearance Certificates for the past 3 years.

3.5 Central Excise Registration Details:

| | |
|---|--|
| Central Excise Range / Division to which the Unit Belongs | |
| Details of excise registration such as ECC no etc. | |

3.6 Bank (s) details:

| | | |
|-----|--|----------|
| I | Name of Bank | |
| | Name of Branch | |
| | Address | |
| | Name & designation of Branch in charge | |
| | Phone / Fax / Email | |
| | Will you authorize the Bank to supply HMT with a reference as to your financial position, if required? | YES / NO |
| II | Name of Bank | |
| | Name of Branch | |
| | Address | |
| | Name & designation of Branch in charge | |
| | Phone / Fax / Email | |
| | Will you authorize the Bank to supply HMT with a reference as to your financial position, if required? | YES / NO |
| III | Name of Bank | |
| | Name of Branch | |
| | Address | |
| | Name & designation of Branch in charge | |
| | Phone / Fax / Email | |
| | Will you authorize the Bank to supply HMT with a reference as to your financial position, if required? | YES / NO |

3.7 Details of your Insurance Underwriter

| | |
|----------|--|
| Name | |
| Addresss | |

SECTION 4: Details of Manufacturing Facility (to be filled by manufacturers only)

4.1 Registered Address of Factory. If you have more than one factory, please give separate details for each factory:

| |
|--|
| |
|--|

4.2 Give the floor area of your Factory.:

| Factory | Location | Area in Square Meter s |
|---------|----------|------------------------|
| | | |

4.3 Details of manpower available in the factory:

| Details | Total no of employees. | Supervisors | Engg. Degree /Diploma Holders | Skilled workers | Design Department | Quality control & inspection |
|---------------------|------------------------|-------------|-------------------------------|-----------------|-------------------|------------------------------|
| Number of employees | | | | | | |

- Please enclose copy of your organizational structure.

4.4 List of machining / fabrication & Material Handling facilities available in the Factory

| Sl. No. | Details of facility available. | Remarks if any. |
|---------|--------------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

4.5 List of inspection / testing facilities available in the factory.

| Sl. No. | Details of facility available. | Remarks, if any. |
|---------|--------------------------------|------------------|
| | | |
| | | |
| | | |
| | | |

DECLARATION

(This declaration should be completed by a proprietor, partner, director or other senior manager who has the authority to do so)

I / We declare and confirm that:

- a. All the Conditions of Registration proposed by HMT LIMITED are acceptable to us.
- b. All information and attachments submitted with the application are true and correct.
- c. I / we are aware that any false information provided herein will result in the rejection of my application and cancellation of any registration granted.
- d. I / we shall be bound by the acts of the duly appointed attorney who has signed this application and of any other person who in future may be appointed by us in his place whether or not an intimation of such changes has been given to HMT LIMITED.
- e. I / we undertake to communicate promptly to HMT LIMITED any changes in the condition or working of the firm.
- f. I / we have read and understood HMT LIMITED's General Conditions of Contract and agree to abide by the same in all respects.

| | | |
|----------|--|--|
| Name | | |
| Position | | |
| Date | | |
| Place | | |

Signature attested by (CEO / Proprietor):

Details of person who has attested.

| | | |
|------------------------|--|--|
| Name | | |
| Position / Designation | | |
| Tel No. | | |
| Fax no. | | |
| Mobile No. | | |

Official seal.