

**GOA SHIPYARD LIMITED  
VASCO-DA-GAMA (GOA ) INDIA  
QUESTIONNAIRE FOR EXPRESSION OF INTEREST**

1. Name of the Firm/Company:
2. Equipment intended to Manufacture :
3. (a) Factory Postal Address/Phone No./Telex No :  
(b) Registered Office Postal Address/Phone No.  
Telex No. /Fax No.:  
(c) Sales Office Address/Phone No./Telex/Fax No.:  
(d) Correspondence address/Phone No. for this registration :
4. Whether Public Limited/Private Limited/  
Partnership/or Proprietary concern:
5. Name of Directors/Partners/Proprietor:
6. Whether your firm is Registered under  
(a) Small Scale Industries/NSIC/DGTD, Give details :  
(b) Partnership, state whether Regd. under Indian  
Partnership act 1932 (with Photostat copy) :  
(c) Indian Factories Act, Please give details :  
(d) With any Govt. Undertaking/dept. If so attach  
Photostat copy of registration :
7. (a) Income Tax clearance Certificate or PAN Card No.:  
(b) Name of Bankers/Postal Address and Telephone No.:
8. Paid Up/Invested Capital :
9. Approx. Annual Turnover in last three years  
(each year to be shown separately) :
10. Date of commencement of Business:
11. (a) Major orders executed for Govt./Semi. Govt.  
Dept. Public Sector undertaking Attach details  
of Order No., Date, Value etc. attached Xerox  
copies of five recent major orders):  
(b) Attach performance report from at least three of  
your major customers :
12. Number of employees in your firm
 

|               | <u>Qualified<br/>Engineers</u> | Skilled | Semi<br><u>Skilled</u> | Unskilled | <u>Total</u> |
|---------------|--------------------------------|---------|------------------------|-----------|--------------|
| (a) Permanent |                                |         |                        |           |              |
| (b) Temporary |                                |         |                        |           |              |
| TOTAL:        | -                              | -       | -                      | -         |              |
- (c) Attach category wise list of Skilled/Semi skilled  
labour :
- (d) Whether your employees are covered under ESI:
- (e) Whether your employees are covered under PF Act.
- (f) Weekly off:- Factory \_\_\_\_\_ Office \_\_\_\_\_

- |  | <u>Covered-Uncovered-TOTAL</u><br>(area in sq. mtrs.) |
|--|---|
| 13. (a) Plant area of your firm  |   |
| (b) Attach list of machinery & equipment installed giving size & type of M/C.S manufactured & year of manufacture :                      |   |
| (c) Attach list of equipments owned by you giving capacity make & year of manufacture :  |   |
| (d) Attach list of Quality Control & Inspection eqpt. & other standard measuring instruments :   |   |
| (e) Indicate quality assurance/quality control system presently adopted by your organization for guarantee quality product :             |   |
| 14.(a) Do you have a Laboratory for Metallurgical/Physical/ Chemicals Testing? :   |   |
| (b) Do you avail yourself of testing facilities outside your organization ? If so, please indicate the Name & address of Testing Agency: |   |
| 15. Do you employ statistical method for Quality Control?:   |   |
| 16. Do you conduct 100% inspection of all products prior to despatch ? :   |   |
| OR   |   |
| Do you conduct only percentage/random inspection   |   |
| 17. Give a brief write-up of the Inspection and Quality Control Procedures followed by you :   |   |
| 18. No. of shifts working per day:   |   |
| 19. Name & designation of officials who will directly negotiate or transact business with us:  |   |
| 20. Attach details of product/services (Technical Leaflets/Literature/Price list) :  |   |
| 21. Are you in a position to supply items duly approved and Lloyds/ABS/IRS/DNV/MMD/EIL etc :   |   |
| 22. Any other details which you, wish to mention for judging your firms standing in the market :   |   |

I/we hereby declare that the information furnished above is correct and true to the best of my/our knowledge and belief.

I/We confirm that our Proprietor/Partner/directors are not associated with any firm with which the business has been banned by the Central/State Govt. Dept/Public Sector Undertaking (Central State Govt.)

Signature :

NAME (in Block Letter)

Designation

Seal of Company

Place :

Date :

- NOTES:
- (a) Complete & definite answers must be given in the space provided. In case if it not sufficient, extra sheet may be attached as enclosure.
  - (b) The questionnaire for expression of interest duly filled complete in all respects (in a file) should be addressed to for evaluation.
  - (c) Kindly contact Commercial Dept. for clarification of any queries/doubts.