

IMM Department

Application for Registration as Approved Supplier (Indian Suppliers)

Ref:
(Office Use Only)

Complete all sections of the form, sign the declaration and send the completed form and attachments in an envelope marked 'Application for Registration as Approved Supplier' to:

Head of IMM Deptt
Hindustan Aeronautics Limited
.....Division
.....
.....

All columns in this form may be **filled** up. If applicant has no information to give on a particular column, "Nil" may be mentioned. In case of columns not relevant in your case, "Not Applicable" may be mentioned. No column should be left blank.

Section 1: Applicant Particulars

Registration Category	<input type="checkbox"/> Original Equipment Manufacturer (OEM) <input type="checkbox"/> Stockist/ Distributor <input type="checkbox"/> Small Scale Industry <input type="checkbox"/> Public Sector Unit <input type="checkbox"/> Govt. Deptt. <input type="checkbox"/> Consortium / State/ Govt. Agencies <input type="checkbox"/> Others (Please mention)		
(Sub- Contractors & Ancillary Units do not need to apply on this form)			
Name of the Individual/ Firm/ Company:			
Constitution or Legal status			
Registration Number:	Registering: Authority	Date of Registration	
Registered Address Office:			
Address of Factory			
Contact Person Name and Designation:			
Address for Correspondence:			
Tel. No.	Fax No.		
Mobile No	Email Address:		

Section 2: Applicant profile

2.1 Type of Ownership:

- Individual Partnership Ltd. Company (Pvt./ Public)
 PSU/ Govt. Undertaking Research Institute Trust
 Joint Venture or other tie-up for technology, equipment, financial backing and/or Project Management (Please specify.....)
 Other, please specify

- Enclose copies of PAN(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 (a) Are you a small scale Industry registered with the N.S.I.C? Yes / No

If yes, please enclose copy of NSIC Competency/ Capacity certificate.

(b) Do you have ISO 9000/9001/9002 certification? Yes / No

If yes, please specify & indicate validity:

(c) In case of certification by other accredited institutions, please give details :

Institution	Type of Certification	Valid up to (date)

(d) Give details of registration, if any, with HAL or its Divisions (Specify Division)/ DGS & D/ PSUs/ Central/State Govt. /Major Private Institutions/ Others (Specify) :

Company	Registration Number	Dated	Validity	Class/ Type of Registration

- Attach necessary certificates from the registering authorities.

2.3 Give the floor area of your factory and Offices. If you own more than one factory, please give separate details for each unit:

Factory or Office	Location	Area in Square Meters

2.4 Give a list of your major products / services, you intend to offer as a supplier:

Sl	Major Products / Services	Are you Original Equipment Manufacturer for listed product
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

- Please enclose your Company/ Product Catalogues

2.5 Give a List of your major Customers

Sl	Customer's Name & Address	Serial No. of the Product/ Service (from para 2.3) provided to the Customer

- Please attach Proof in the form of Purchase Order copies/ Invoice etc

- 2.6 List the names of Owners/ Partners/Promoters and Directors/ Company Secretary/ Holder of Power of Attorney, as applicable, in the format detailed below:

Name of the Owners/ Partners/ Promoter & Directors/ Company Secretary/ Holder of Power of Attorney	Address	Whether Owner/ Partner/ Promoter/ Director/ Company Secretary/ Holder of Power of Attorney	Extent of share holding in the Firm/Company as the case may be

- 2.7 List the names & addresses of all associated, subsidiary & holding companies, including trusts

Company Name	Address	Nature of Business	Relationship with Applicant

Section 3: Financial details

- 3.1 Annual Turnover in the past 3 years:

Year			
Annual Turn-over (Rs. Lakhs)			
Profit/ Loss (Rs. Lakhs)			

- 3.2 Attach the following audited financial statements, as applicable, for the past three financial years and place a tick mark in the appropriate column as confirmation of having enclosed the appropriate documents with the application.

Year			
Balance Sheet			
Profit/Loss Statement			

IMPORTANT NOTE – Financial Assessment:

Before the assessment of this application can be completed, a representative from HAL may contact you concerning the financial and technical information that you provide. Your co-operation is required to assist in the assessment process. Failure to co-operate may affect registration.

The assessment report is specifically for use by HAL for the purpose of assessing Suppliers for registration, and will be treated as strictly confidential.

3.3 Bank(s) details:

Will you authorise your Bank/s to supply HAL with a reference as to your financial position, if required?		YES	/	NO
Name of Bank (Scheduled Commercial Bank) & Branch				
Name and Designation of Contact Person:				
Address:				
Tel No:				

3.4 Details of Income Tax assessed, as per clearance Certificate, in the last 3 years :

YEAR			
Amount Assessed (Rs. Lakhs)			
Amount paid/ payable (Rs. Lakhs)			

3.5 Sales Tax/ VAT Details:

Central sales Tax Registration No.:.....

State sales Tax/ VAT registration No.:.....

Details of Sales Tax/ VAT assessed, as per clearance Certificate, in the last 3 years:

YEAR			
Amount Assessed (Rs. Lakhs)			
Amount paid/ payable (Rs. Lakhs)			

4 In the last 3 years, has your firm, or any firm with which any of your company's owners, officers or partners were associated, been debarred, disqualified, removed, business dealings banned or otherwise prevented from bidding ?

YES / NO

If yes, State the reference to Customer and their orders and the basis for the action.

5 Please provide any additional information, which will help you in securing registration with HAL.

6 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. The HAL Conditions of Registration are acceptable.
- b. All information and attachments submitted in this 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 registrations granted.
- d. I/We shall be bound by the acts of duly constituted attorney who has signed this application and of any other person who in future shall be appointed by us in his place to carry on business of the concern whether or not an intimation of such changes is given to HAL.
- e. I/We have read and understood HAL's General Conditions of Contract and agree to abide by the same in all respects.
- f. I/We undertake to communicate promptly to HAL any changes in condition or working of the firm.

Signed:

Name:

Position:

Date:

Details of person holding the power of Attorney (If different from above)

(attach attested copy)

Name Tel. No. (...) Mobile

No.....

PositionFax No. (...)

Official Seal