



SUPPLIER ASSESSMENT PROFORMA

CONSULTING SERVICES FOR ROAD SAFETY & JOURNEY MANAGEMENT

COMPANY'S NAME: _____

ADDRESS: _____

Tel. No. _____ Fax _____ E Mail _____

1. FIRM STATUS

Sr.	DESCRIPTION	ANSWER
1.1	NTN Certificate Provided (Y/N)	
1.2	Office Set up. (provide details) — Established Office with Email, Phone& Fax. — Established Office with Phone & Fax. — Established Office with Phone — No Office	
1.3	Average Annual Turnover for the past 3 years: (Provide income tax return certificates for the last three years) - Above 5 million - B/w 03 - 05 Million - B/w 01 - 03 Million - B/w 0.5 - 01 Million - Below 0.5 Million	
1.4	PEC REGISTRATION (Provide copy of valid PEC Certificate) - Yes - No	

SIGN & STAMP OF APPLICANT



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2.0 REFERNCES /PAST EXPERIENCES

Sr.	DESCRIPTION	ANSWER
2.1	Experience in Subject Field: (Provide copy of oldest work order awarded) <ul style="list-style-type: none">- 05 – 10 years- 02 – 05 years- Less than 2 years	
2.2	Client Reference: (Provide copies of work completion certificates) <ul style="list-style-type: none">- Multi National/Public Sector- Private Limited- Others	
2.3	Max Amount Service Order awarded for relevant job. (Provide Copy) <ul style="list-style-type: none">- Above 500,000- B/w 300,000 to 500,000- B/w 100,000 to 300,000- Below 100,000	
2.4	Number of Relevant Projects successfully completed: Provide Copies <ul style="list-style-type: none">- Above 10- B/w 6-10- B/w 3-5- B/w 1-2	

SIGN & STAMP OF APPLICANT



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3.0 HEALTH, SAFETY & ENVIRONMENT REQUIREMENTS:

Sr.	DESCRIPTION	ANSWER
3.1	HSE Certification, Affiliation, Accreditation: (Provide documentary evidence) <ul style="list-style-type: none"> • Both Company and Staff • Only Staff. • Only Company 	
3.2	Number of B.E/B.Sc. or above (Mechanical/ Automotive/ Electrical) Employed. (Provide List) <ul style="list-style-type: none"> • 3 or more • 2 • 1 	
3.3	Number of DAE (Mechanical/ Automotive/ Electrical) Employed. (Provide List) <ul style="list-style-type: none"> • 3 or more • 2 • 1 	
	Provide NDT Interpretation/ Evaluation (Provide Documentary Evidence) <ul style="list-style-type: none"> • Yes • No 	
3.3	Documents Provided <ul style="list-style-type: none"> • HSE Manual • HSE Policy • Relevant Procedures 	
3.4	Training Record of Staff (Provide List) <ul style="list-style-type: none"> • Yes • No 	

NOTE:

If you have any reservation in submitting any information, please let us have it in writing with proper justification. Submission of incomplete information in response to this query or late submission of information may result in automatic disqualification.

1. Attach copies of relevant Certificates/Documents wherein required.
2. Further queries (if any) shall be communicated to you accordingly.
3. This is without any commitment on our part at this stage.
4. Please sign and stamp each page of all the documents being submitted.

SIGN & STAMP OF APPLICANT