

# VENDOR ASSESSMENT PROFORMA

## Offset Printers

COMPANY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

### NOTES:

- ◆ *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.*
- ◆ *All parties who will be pre-qualified have to participate in tendering. Otherwise, PSO reserves the right not to consider their organization in future tendering and pre-qualification processes.*

### INSTRUCTIONS:

1. Tick mark on the correct option. Use the Remarks field to elaborate or give comments.
2. Attach copies of all relevant Certificates/Documents wherein required.
3. Further queries (if any) shall be communicated to you accordingly.
4. This is without any commitment on our part at this stage.
5. Please sign and stamp each page of all the documents being submitted.

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Stamp and signature of Applicant

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## SECTION- A

Mandatory Requirement

S.NO	Parameters	Yes	No
1	<u>Has your firm been involved litigation with PSO or another entity?</u>		

If yes, please provide details:

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Stamp and signature of Applicant

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## SECTION B

### 1. FIRM'S STATUS

S. #	DESCRIPTION	REMARKS
1.1	<b>Type of Firm</b> <input type="checkbox"/> Public Ltd / Private Ltd <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	
1.2	<b>Number of Years Since the Firm was Established</b> <input type="checkbox"/> More than 10 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 0 – 3 year	
1.3	<b>Average Annual Turnover in Last 3 Years</b> <input type="checkbox"/> More than 20 Mn <input type="checkbox"/> 15-19 Mn <input type="checkbox"/> 10-14 Mn <input type="checkbox"/> 5-9 Mn <input type="checkbox"/> 3 - 4 Mn <input type="checkbox"/> Less than 3 million	

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### 2. DETAILS OF EQUIPMENT

S. #	DESCRIPTION	REMARKS
2.1	<b>No. of 4 color machines</b> <input type="checkbox"/> More than 4 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
2.2	<b>No. of 5 color machines</b> <input type="checkbox"/> More than 2 <input type="checkbox"/> 1 <input type="checkbox"/> None	
2.3	<b>No. of 6 color machines</b> <input type="checkbox"/> More than 2 <input type="checkbox"/> 1 <input type="checkbox"/> None	
2.4	<b>No. of other machines (Dye cutting, folding, lamination, etc.)</b> <input type="checkbox"/> 8 or more <input type="checkbox"/> 4 – 7 <input type="checkbox"/> 1 – 3 <input type="checkbox"/> 0	
2.5	<b>No. of 2 &amp; 1 color machines</b> <input type="checkbox"/> More than 6 <input type="checkbox"/> 3 – 5 <input type="checkbox"/> 1 – 2 <input type="checkbox"/> None	

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### 3. CLIENTELE & RELEVANT EXPERIENCE

S. #	DESCRIPTION	REMARKS
3.1	<b>Printing Capacity Per Day:</b> <input type="checkbox"/> More than 15,000 <input type="checkbox"/> 8,001 – 15,000 <input type="checkbox"/> 4,001 – 8,000 <input type="checkbox"/> 2001 – 4000 <input type="checkbox"/> 2000 or less	
3.2	<b>Management Staff</b> <input type="checkbox"/> More than 10 <input type="checkbox"/> 5-10 <input type="checkbox"/> 3-4 <input type="checkbox"/> 2 – 3 <input type="checkbox"/> less than 2	
3.3	<b>Technical Staff</b> <input type="checkbox"/> More than 15 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 2- 4 <input type="checkbox"/> less than 2	
3.4	<b>No. of Permanent Clients</b> <input type="checkbox"/> More than 15 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> Less Than 5	
3.5	<b>Client List (portfolio mix)</b> <input type="checkbox"/> FMCGs, Telecom, Banks and Govt. <input type="checkbox"/> FMCGs and Banks/Banks & Telecom/FMCG's and Telecom <input type="checkbox"/> Telecom/ FMCG/Banks <input type="checkbox"/> Govt./NGOs <input type="checkbox"/> Others	

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