

**PROFORMA FOR ASSESSING THE CAPACITY OF FIRM**  
**PART - I**

1	Name of the firm	
2	Registered Office	
3	Factory Address	
4	Telephone No.	
5	Telegraphic address	
6	Telex No.	
7	Nature of business	
8	Nature of Company	
	a. In the case of proprietary Co., Name, address & Telephone No. of the proprietor	
	b. In case of Partnership Co., Name, Address of the partners with telephone No.	
	c. In case of Public / Private Ltd., Co., Name, Address & Telephone Nos. of the Chief Executive	
9	For clarifications, persons to be contacted.	
	Name:	
	Designation	
	Phone No.	
	Address:	
10	Total area of the factory Covered: Uncovered	

11.	a. Total No. of employees on date Administration Technical Skilled Labour Unskilled labour		
	b. Are minimum requirements of experience & qualification laid down for Production Manager & Supervisory staff ? If so, give details.		
	c. Are minimum requirements of experience and qualification laid down for Quality Control Manager & Inspection staff ? If yes, give details.		
12	Type of Industry		
	a. In case of small scale industry, Registration No. & date of Regn. With the Director of Industries.		
	b. In case of Medium scale / large scale Industry, factory No. allotted by the Directorate General of Technical Development		
13	Registration No. with Railway		
14	Year of Commencement of manufacture		
15	Annual turn over during last 3 years (the financial year adopted by the firm should be indicated and estimated value also given for current year)		
16	Electric Power	Sanctioned	
		Installed	
17	Whether adequate facilities are available for a. Water supply b. Fire fighting c. Security		
18	Have you any local branch office? If yes, please give details with address and phone No. etc.		

PART – II TECHNICAL

1	Manufacturing capacity as approved by the Government			
	Industrial license No. & date Products Quantity licensed			
2	Brief details of products manufactured			
	S. No.	Type	Description	Annual Production for the last five years
3	a. Capacity of production of each item if entire capacity is utilized on that item			
	b. Net available capacity for the item under reference keeping in view the existing lead on hand as declared by firm			
4	Has your product been tested by any Agency ? If yes, give details (copies of quality approval / test certificates / test reports may be enclosed			
5	Whether the firm has full facilities for manufacturing all components of item under reference, if not:			
	a. details of components purchased from outside			
	b. Name & supplier of the sub contractor or supplier			
	c. Whether the sub contractor or supplier is registered with DGS &D Railways			
6.	Foreign Collaboration, if any:			
	Product	Name & Address of the collaborator	Year of collaboration	Whether current or not

7	Are imported raw materials used, if yes, furnish details			
	Brief Description	Estimated CIF value	% of foreign exchange content in finished product	
8	Details of plant & machinery (description, rating, Make & Qty)			
9	Details of laboratory & drawing office facilities			
10	Inspection facilities for inward goods & Quality control of Raw Materials			
	a. Available test equipments & facilities in the factory (Description, rating, make & quantity)			
	b. Assistance from external Agencies, (Description of the test, name of the agency carrying out test)			
11	Whether manufacturing with ISI mark or to some other specification			
12	Inspection & quality control of finished product			
	a. Available test equipments & facilities in the factory			
	b. Assistance from external agencies			
13	Principal customers			
	Name & Address of the customer	Product supplied	Value of supply (Rs)	Year of supply
14	Future Plans			
	a. Expansion programme			
	b. Installation of new machinery			
	c. Additional test facilities			
	d. Any other relevant information			

PART III – COMMERCIAL

1	Name and address of your Banker	
2	Financial Status	
	a. Net fixed assets	
	b. Current status	
	c. Current liabilities	
	(A copy of the last annual accounts should also be enclosed)	
3	a. Sources of Finance	
	b. Borrowing limits as sanctioned by bank, if any.	
4	Income tax verification Certification No. & Date	
5	Sales Tax Registration Certification No. & date	
	a. State Sales Tax	
	b. Central Sales Tax	
6	Brief Terms and conditions for supply	
7	Terms of Payment	
8	Are your products covered by warranty, if so indicate	
	a. Period	
	b. Scope of warranty	
9	Would you provide after sales service? If yes, give details.	

**Enclosures: Please attach the enclosures given below:**

- a. List of Plant & Machineries
- b. List of Testing equipments
- c. Copy of Municipal premises Licenser
- d. List of orders executed for Railways in the last 5 years & Inspection certificated 'R' Notes etc.
- e. Copy of the last annual accounts
- f. List of employees & their qualification.

We confirm that the information furnished is correct to the best of our knowledge.

Seal :

Signature  
Name in capital letters  
Designation  
Date