

MINISTRY OF DEFENCE, INDIAN COAST GUARD COAST GUARD REGION (WEST), MUMBAI – 400 030

CGR/LPC (W)/VEN/REG/18

Date: 23 Jul 18

NOTICE

This Headquarters is undertaking registration of vendors for supply of items/goods used in Marine environment such as Stationery, Naval stores, Clothing, NBCD, Fire Fighting equipment, Electrical and Electronics spares, Navigational Communication Equipment and Spares, Paints, Engineering Spares, Office Automation, Ropes, Diving Equipment, Computer/IT spares, POL, Lubricants etc. The Registration forms are available in website <u>www.indiancoastguard.gov.in</u> under link West/Tenders. Interested/Capable Firms/MSMEs are required to download the form from the above site. Duly filled forms alongwith documents should reach this Headquarters by **10 AUG 18**. For more details kindly contact Local Procurement Cell, RHQ (W) at 022-24373181/24389721.

Officer-in-Charge (LP Cell) Coast Guard Region (West)

HEADQUARTERS COAST GUARD REGION (WEST) WORLI, MUMBAI-400030

FORM FOR FRESH REGISTRATION / RE-REGISTRATION / OF VENDORS/SUPPLIERS

1. Name of the Firm/Company	:
2. (a) Head Office / Registered Office	:
Telephone No.	:
Fax No.	:
Web site (if any)/Email	:
CPPP registration email	:
Category/product registered for	:
Date of Establishment	:
(b) Any Branch Office in Mumbai	:
Telephone/Fax No.	:
3. Name of Chief Executive / Proprietor / Partners	:
Telephone/Mobile No.	:
4. Name of contact person	:
Telephone/Mobile No.	:
5. Type of Organisation (Tick as appl	icable)
 (a) Proprietary (b) Partnership (c) Private Limited Company (d) Public Limited Company (e) Public Sector 6. Nature of Business (Tick as application) 	Documents to be enclosed with application Trade License Partnership Deed, Trade License Memorandum of Article Certificate of Registration Trade License
ManufacturingDealershipStockiestIndian AgentSupplierOthers (Pls sp	of OEM Indian Branch Office of OEM

-2-

7. Class / Type of Product / Materials Manufactured / Sold / Dealer/ Fabricated : (Tick as applicable)

Nav & Comm Equipment		Electronics		Gen Elect Items/spares (incl MCBs, Contactors e	etc)
General Engg Items/spare (incl CPP, shafting , Gauge		Heavy Motors		Seamanship Gears	
Mariner's Instruments		Computer /IT		Diving Equipment (Comprs, OBMs ,diving g	gears)
General Paints		Ropes		Crockery/ Mess traps	
Clothing Items (incl Uniform items)		Furnishing		Medical/Surgical Items	
Surveillance Equipment		Gases		Tyres and MT spares	
Office automation items		Deck fittings		Gemini crafts	
Damage Control, Fire Fighting and Life Saving Items (SOLAS sets, Fire Extinguishers, AFPS suits, inflatable life jackets etc)					
Lubricants		General Nava	l Stores Item	S	
Others (Please Specify)	Others (Please Specify)				
8. Annual Turnover during last 3 years (Rs. Lakhs) (Enclose Balance Sheet for last 3 years and IT Return): (a) 2015-16 (b) 2016-17 (c) 2017-18					
9. Compliance Rate (in percentage for last 3 Years):					
(a) Supply orders material(b) Supply orders material(c) Supply orders cancelledDelivery Schedule :	ised on	Part Payment	Basis :		
10. Commercial Inform	ation	Registration	(Enclose Atte	ested Copies):	
(a) CST Regn. No(b) State ST Regn. No(c) TIN No.(d) Excise Centre No.	:				

(d) Trade License No. :

(e)	GST No	:	
(f)	Service Tax Regn. No.	:	
	(if applicable)		
(g)	PAN No.	:	
(h)	Registered with DGS&D		
	or NSSIC	:	
(copy	of certificate to be enclosed)		

11. Bank Details (For "E" Payments) :____

(including Branch code, MICR code and FSI code)

12. Details of Major Customers: Name of Armed Force(s)/ Government department(s) / Major PSU(s) / Research and Development Organisation(s) where your firm is registered (Enclose Attested Copy of certificates):

13. Authorised signatories:

Name & Designation of Authorised Signatory

Specimen Signature

DECLARATION BY VENDOR

I hereby certify that:-

(a) No employee or direct relation of any ICG personnel is in any way connected as Partner /Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.

(b) The information furnished are correct to the best of my knowledge and belief. Any incorrect information rendered by the firm will amount to my/our company's disqualification.

(Signature of Proprietor/Partner/Chief Executive)

Place: Date:

(Seal of Vendor)

-3-

FORMAT OF CAPACITY/CAPABILITY REPORT ON FIRMS

<u> PART – I</u>

FACTUAL INFORMATION FURNISHED BY THE FIRM

	FACTUAL INFORMATIC	<u> DN FURNISH</u>
1.	Name and registered address of the : firm	
2.	Name and address of subsidiary/ associated industry within India.	:
3.	Factory location and address	:
4.	Telegraphic address	:
5.	Name and address of Managing Director	:
6.	Telephone No.	: Office : Factory :
7.	 Details of the Organisation (a) Brief History (b) Area – present set up and provisions for future expansion (c) Covered accommodation (d) Main Departments Tech/managerial 	:
	(e) Design office and Library details(f) Sales and service set up	:
8.	Approximate capital Investment (a) Authorised capital (b) Capital Investment (c) Financial position <i>(comments with latest copy of Balance Sheet and income)</i>	: : : :
9.	Main items of machinery/equipment : and test/inspection facilities available	
10.	Labour : (a) Strength presently employed	:
	(i) Skilled	:
	(ii) Semi-skilled	:
	(iii) Non-skilled	:
	(b) Availability of labour for future	:
11.	expansion. Power:	
	(a) Source	:
	(b) Present load	
	(c) Availability of power for future expansion	9
12.	Raw materials :	:

(a) Requirements :(b) Period for which reserve stock of : raw materials is held.

(c) Sources of procurement(d) Percentage of indigenous improved: raw materials

(e) Any difficulty regarding normal product or likely order

- 13. Is the firm registered with DGS&D or with any other Defence or Civil Govt Department? If so, give details.
- 14. Has the firm any collaboration and : technical know-how agreement with foreign firms? If so, give details.
- 15. Details of items for which patent rights : of the firm exist
- 16. Are you having any development : activities? Are you having in hand any basic research program?
- 17. Details of qualified managerial and : technical personnel.Is any member on your staff a foreigner or foreign qualified specialist?
- 18. Is your product "Type Approved" or : has ISI certification mark? If so, give details.
- 19. Training program of staff
- 20. Details of stores under production or : development (Appendix `A')
- 21. Name and address of agents :
- 22. Any other information you wish to :

provide

Place :

Seal

:

Date :	Signature	:
	Name	:
	Designation	
Enclosures : Appendix A (Details of Stores under production or development))		

M/s. _____

(To be filled in by the firm)

Details of stores the firm is :

- (a) Producing at present :
- (b) Developing at present :
- (c) Interested in for future development/production :

S No	Present products	Monthly Production	Remarks
		<u>(Give number of Shifts)</u> Present Capacity available	Spare Capacity

Present Production Production under Development Future plan for Development

> Signature Name of firm