

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

CGR/LPC (W)/VEN/REG/20

Date: 15 Oct 20

NOTICE

This Headquarters is undertaking registration of vendors for supply of items/goods used in Marine environment such as Stationary, 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 www.indiancoastguard.gov.in under link **CGC (WS)/West/Tenders/Vendors Registration**. Interested/Capable Firms/MSMEs are required to download the form from the above site. Registration fees Rs 25,000 + 18 % GST for Large Scale Industries and Rs 10,000+ 18 % GST for MSME firms. Account details are provided in the Registration Form. Duly filled forms alongwith documents should reach this Headquarters by **20 Nov 20**. For more details kindly contact Local Procurement Cell, RHQ (W) at 022-24373181/24389721.

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

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VENDOR REGSISTRATION FEES

1. It is intimated that as per the provisions of para 16.6 (a) of JS guidelines 015:2018 (Fourth revision) issued by Ministry of Defence, the following non- refundable fee is chargeable for those firms seeking registration with ICG. The details of the fees are as follows:-

- (a) Large Scale Industries – Rs 25,000 + 18 % GST
- (b) MSME - Rs 10,000 + 18% GST

2. Accordingly, the firms were directed to deposit the fees at the following account and submit the payment details along with application.

- (i) Account no : 10136575108
- (ii) Accounts name : PCDA(N)'S SBI
- (iii) Branch Address : Wodehouse Road, Colaba, Mumbai
- (iv) IFSC Code : SBIN0000572

or

- (i) RBI Account no : 4031000006 for preparation of MRO

3. Firms were advised to deposit the 18% GST as appropriate directly with the GST authority under reverse charge using firms GST no.

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 Organization** (Tick as applicable)

Documents to be enclosed with application

- Trade License
- Partnership Deed, Trade License
- Memorandum of Article
- Certificate of Registration
- Trade License

6. Whether is it **MSME/NSIC** : _____
- (a) Please mention proprietor/owner belongs to SC/ST: _____

7. Class / Type of Product / Materials Manufactured / Sold / Dealer/ Fabricated :

(Tick as applicable)

Nav & Comm Equipment	<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Gen Elect Items/spares (incl MCBs, Contactors etc)	<input type="checkbox"/>
General Engg Items/spares (incl CPP, shafting , Gauges)	<input type="checkbox"/>	Heavy Motors	<input type="checkbox"/>	Seamanship Gears	<input type="checkbox"/>
Mariner's Instruments	<input type="checkbox"/>	Computer /IT	<input type="checkbox"/>	Diving Equipment (Comprs, OBM's ,diving gears)	<input type="checkbox"/>
General Paints	<input type="checkbox"/>	Ropes	<input type="checkbox"/>	Crockery/ Mess traps	<input type="checkbox"/>
Clothing Items (incl Uniform items)	<input type="checkbox"/>	Furnishing	<input type="checkbox"/>	Medical/Surgical Items	<input type="checkbox"/>
Surveillance Equipment	<input type="checkbox"/>	Gases	<input type="checkbox"/>	Tyres and MT spares	<input type="checkbox"/>
Office automation items	<input type="checkbox"/>	Deck fittings	<input type="checkbox"/>	Gemini crafts	<input type="checkbox"/>
Damage Control, Fire Fighting and Life Saving Items (SOLAS sets, Fire Extinguishers, AFPS suits, inflatable life jackets etc)					<input type="checkbox"/>
Lubricants	<input type="checkbox"/>	General Naval Stores Items			<input type="checkbox"/>

Others (Please Specify) -----

8. Annual Turnover during last 3 years (Rs. Lakhs) (Enclose Balance Sheet for last 3 years and IT Return):

(a) 2017-18 _____
(b) 2018-19 _____
(c) 2019-20 _____

9. Compliance Rate (in percentage for last 3 Years):

(a) Supply orders materialised within Delivery Schedule : _____
(b) Supply orders materialised on Part Payment Basis : _____
(c) Supply orders cancelled on account of expiry of:
Delivery Schedule : _____

10. Commercial Information Registration (Enclose Attested 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. Authorized signatories:

Name & Designation of Authorized 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)

Name
(In Capital Letter)

Place:
Date:

(Seal of Vendor)

FORMAT OF CAPACITY/CAPABILITY REPORT ON FIRMS**PART - I****FACTUAL INFORMATION FURNISHED BY THE FIRM**

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 (comments with latest copy of Balance Sheet and income) :
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 expansion. :
11. Power :
 - (a) Source: :
 - (b) Present load :
 - (c) Availability of power for future expansion :
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. :
 Details of items for which patent rights of the firm exist :
- 15.
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. :
 Training program of staff
- 19.
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)) :

Annexure
(Attached to the Report)

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
		(Give number of Shifts) Present Capacity available	Spare Capacity

Present Production
Production under Development
Future plan for Development

Signature
Name of firm