

Annexure – II a



**HINDUSTAN SHIPYARD LIMITED
VISAKHAPATNAM – 5
QUALITY ASSURANCE DEPARTMENT**

**FORM NO.:QA-V-01
REV. NO. 3
DATE: 1.1.2002**

**TITLE : SUB-CONTRACTOR VENDOR
APPRAISAL FORM**

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1. Name of Unit :
2. Address: Office:

Workshop:
3. Name of the Proprietor / Managing Partner :
4. Name & Tel. No. of Contact Person:
5. List of Machinery / Equipment and Manufacturing:
6. Organisation Chart :
7. Details of Engineers / Supervisory Staff with Qualifications & Work Experience : Annexure - Page No.
8. Work Force with Qualifications & Experience : Annexure - Page No.
9. List of Qualified Welders (Class approved Certificates to be enclosed) : YES / NO
Annexure - Page No.
10. Inspection & Testing Facilities if any: :
11. Licensed Capacity (Tonnage / Manpower) :
12. Installed Capacity (Tonnage / Manpower) :
13. ISO-9001 Certified Unit : YES / NO
14. Names of Previous Customers of Similar / Other: i)
Works executed : Few Copies of Shipbuilding /
Ship Repair / Other Work Orders and their : ii)
Completion Certificates to be enclosed : iii)
: iv)
: v)

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15. Whether the jobs are approved by any : 1. IRS 2. LRS 3. BV
of the mentioned agencies : 4. MMD 5. ABS 6. DNV

16. Brief Experience of the Unit or Technical Literature :

Signature :

Position :

Date :

Seal :

**SUB CONTRACTOR / VENDOR APPRAISAL
(FOR HSL USE ONLY)**

Recommendations of QA Department:

Signature:

Approved by Head of Q.A. Department

Signature: