



DOC: ISWP/PUR/03
Wef: 19/08/2005
Rev '00'

**Registration
&
Vendor Assessment Form
FOR
SERVICE PROVIDER'S
TO
I S W P**



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CHECKLIST

- 1. PAN**
- 2. VAT/CST**
- 3. EXCISE REGISTRATION**
- 4. SERVICE TAX REGISTRATION**
- 5. BANK DETAILS**
- 6. MSMED STATUS**
- 7. FINANCIAL DATA**
- 8. RTGS/NEFT FORM**
- 9. TYPE OF FIRM**

*** FORMS WITHOUT THE ABOVE DETAILS ALONGWITH THE NECESSARY DOCUMENTS WILL NOT BE ACCEPTED.**



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Name of Vendor

1) GENERAL INFORMATION

Please tick the boxes as appropriate to your service offering to I S W P

1.1) I) Works service provider

Civil ☐

Mechanical ☐

Electrical ☐

Instrumentation ☐

Catering ☐

IT Services ☐

Cleaning Services ☐

Courier Services ☐

Medical Services ☐

Engineering Project ☐

Foreign Travel & Forex ☐



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Refractory Services

☐

Logistic service provider

☐

III) Please mention if you are provider of any other services

1.2) Please mention the type of services/work that you can undertake in your chosen area

1.3) Registration No's

a) GSTIN (15 DIGIT) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

a) Service Tax Reg. No : _____

b) Service Tax Code No : _____

g) VAT Reg. No : _____

h) Local Sales Tax : _____

i) Central Sales Tax : _____

*** k) Provident Fund :** _____ **Validity Date:** _____

l) Small Scale Industries : _____



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m) Factory License (if supply & service done together): _____

*** n) Labour License** : _____

*** o) Employees State**

Insurance Code (ESI) : _____

p) Contract Labour Regulation & Abolition Act 1970

: _____

*** q) Electrical Contract License:** _____

r) PAN (10 DIGIT) :

--	--	--	--	--	--	--	--	--	--

s) Importer's code No : _____

t) * MSMED Registration No. : _____ **Valid upto** _____

* (Mandatory) Please enclose attested hard copy of PF, ESI, Labour license and electrical license in case of electrical contractor.

2) Contact Information

2.1) Registered/Corporate Office

Address : _____

Telephone : _____ **Fax No:** _____

Mobile No. : _____



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E Mail ID : _____

2.2) Internet Site : **www.** _____

2.3) Contact Person for I S W P (Executives who will be dedicated full time for I S W P's Contract, minimum 2 names)

a) Name of Contact Person: _____

Designation : _____

Address : _____

Telephone : _____ **Fax No:** _____

Mobile No : _____

E Mail ID : _____

3.1)Type of Firm

Public Ltd. Company ☐ **Private Ltd. Company** ☐

Partnership ☐ **Proprietorship** ☐

3.2) Owners/Board of Directors/Senior Executives

Name	Designation	Tel/Fax No.	Mobile No.	Email



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4) Systems & Regulatory Norms

a) **Quality Systems/Standard** YES ☐ NO ☐ NA ☐

(Give a brief description of the quality system)

b) **Compliance to Factories act** YES ☐ NO ☐ NA ☐

c) **SA-8000** YES ☐ NO ☐ NA ☐

5) Financial Data (Mandatory)

5.1) **Liquidity (Rs.)**

(Note: CY: Current Year, CY-1: Current Year-1, CY-2: Current Year-2, CY-3: Current Year-3)



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	CY	CY-1	CY-2	CY-3
Turn Over				
Expenses				
Operating Profit				
Net Profit				
Men on roll				
a) Manager				
b) Supervisor				
c) Labour				

5.2) Bank details :

Name of A/c Holder : _____

Account No. : _____

Branch Name & Address : _____

IFS Code : _____

6) IT/ Automation System Employed

Material Tracking System

YES ☐ NO ☐ NA ☐



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Vehicle Tracking System	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Bar Coding	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Radio Frequency	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Identification Devices	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Electronic documentation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Delivery confirmation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

7) Current Customer List

I) Please give the Top 5 customer that you are servicing (for our reference check)

Customer	Business Volume	Service Offering (Period of Start Date)	Customer Contact Person	Phone No	Email

8) Complaint Handling System

a) Help Desk No./Contact



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b) No. of Complaints in last 2 years

Customer	Type Of Complaint	Action Taken	Time Taken For Resolution

c) System of complaint settlement _____

d) Warranty Claims _____

9) Safety

1) Do you employee five (5) or more persons?

Yes ☐ **No** ☐ **NA** ☐

2) Has the company got a Health and Safety policy?

Yes ☐ **No** ☐ **NA** ☐

3) If so when it was last reviewed and updated?

4) Who is ultimate responsible for health and safety within your company?

5) a) Please identify the person(s) who will ensure the implementation of your health and safety policy during work for ISWP and Identify his position within the company?



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5) b) Does the company have access to competent Health and Safety advice?

Yes ☐

No ☐

NA ☐

5) c) If yes please state names, Company details Qualifications etc?

6) Does the company have competency of risk assessment?

Yes ☐

No ☐

NA ☐

Please attached an example of risk assessment for which had been done by you in any company operations?

9) Does the company make SOP for all jobs?

Yes ☐

No ☐

NA ☐

Please attached an example of SOP?

10) Does the company have a written procedure for reporting accident and work related diseases?

Yes ☐

No ☐

NA ☐

11) Does the company provide health and safety training for workers and supervisors?

Yes ☐

No ☐

NA ☐

If yes how is this training delivered?

In House **Yes** ☐

No ☐

Externally **Yes** ☐

No ☐



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- 12) Do your employees have certificate from recognized institute like welder, rigger, Electrician and fitter ?

Yes ☐

No ☐

NA ☐

If yes please state names, details Qualifications etc? (Attached Sheet)

- 13) What is LTIFR(Number of lost injury per million manhour worked) in last five years?

YEAR	LTFIR
2007-2008	
2008-2009	
2009-2010	
2010-2011	

- 14) Please complete the table to indicate the number of reports you have to Factory Inspector office Jamshedpur?

Year	Fatal	Lost Time	First Aid Case	Dangerous/ Incident	Work related diseases
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		Injury		Occurrences	

- 15) Has the company ever prosecuted by an enforcement authority for breaches of health and safety legislation or any accident?

Yes ☐

No ☐

NA ☐

If Yes what happened? Please Brief in short?

- 16) Has the company ever been issued with an improvement Notice or prohibition notice by Chief / Inspector of factories?

Yes ☐

No ☐

NA ☐

- 17) Do you provide your personnel protective equipments (PPE).**

(Safety Helmet, Hand gloves etc.)

Yes ☐

No ☐

NA ☐

- 18) Do you provide safety training to your personnel before starting the job.**

Yes ☐

No ☐

NA ☐

- 19) Has you pay any fine for violation of safety norms in last three years?**



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Yes ☐

No ☐

NA ☐

If yes please specify?

20) Has you win any safety award in last three years?

Yes ☐

No ☐

21) Had you worked any TATA group company pl give details from when and which company?

22) Has you engage any safety officer/ safety supervisor for each work order?

Yes ☐

No ☐

NA ☐

If yes please attached name of your safety officer/safety supervisor?

23) Has you examine your tools and tackles from competent person/or have you use certified tools and tackles? PI specifies?

Industrial safety clauses to be complied by Contractors

General Industrial Safety Clauses:



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Safety Standard for contract works as indicated in the Work Order shall be enforceable as applicable to the work concerned. The contractor shall satisfy himself with the requirements of the Safety Standard prior to signing the agreement of the contract work. Not limiting to additional safety precautions based on the execution of works, the Safety Standard for contract works shall be as follows:

During the execution and temporarily suspension of the work, the Contractor's material, work shall not interfere and cause damage to the existing property and injury to personal.

- I) Proper illumination, barricading etc. shall be provided and maintained by the contractor.
- II) Adequate means of safe access, scaffolds, portable ladder with shoe etc shall be provided and maintained by the contractor.
- III) Height pass shall be obtained for works above 3.0 metre (m) height and the scaffolding members and planks shall conform to the relevant BIS specification such as IS-3696 etc.
 - i. All open sides of a structure above a height of 3.0 m from which a worker might fall and openings into which a worker might fall should be adequately covered or barricaded. Every opening in the floor of a building or in a working platform shall be provided with suitable means to prevent fall of persons or materials by providing suitable fencing / railings of one (1) metre.
 - ii. Where barricades cannot be installed, a safety net should be installed close to the level at which there is danger of a fall. During erection of tall buildings/ structures, above 3 mtr height, nylon nets shall be provided to ensure safety of men in case there is fall from height.(warning signals should also be displayed at appropriate locations).



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- iii. Where a secure foothold is impracticable, safety belts or harnesses with secure anchorage points should be provided at the working place as well as access to the access path to the working spot. All persons working at heights more than 3.0 m above ground or floor and exposed to the hazard of falling down shall use safety belts.
 - iv. At elevated places, secure access and foothold should be provided. Adequate and safe means of access and exit shall be provided at all work places for all elevations. Means of access may be portable or fixed ladder, ramp or a stairway. The use of across braces or frame work as a means of access to the working surface shall not be permitted.
 - v. Scaffolding or staging 3.5m above the ground floor shall have a guard rail properly attached, bolted, braced or otherwise secured at least 1 m high above floor and platform.
 - vi. Where the platform is more than 3.5 m above ground floor for working standing on the platform, the width should be minimum 1 m.
- V) Safety permits shall be obtained for excavation, trenching, earth removal, cutting & welding, confined space work. For other works of hazardous nature, an industrial safety permit shall be obtained.
- i) Means for rapid access and egress should be provided. All trenches 120 cm or more in depth shall at all times be supplied with at least one ladder for every 30 m along the trench. The ladders shall extend from the bottom of the trench to at least 1 m above the surface of the ground.
 - ii) Workers should not be exposed to the danger of being buried by excavated material or collapse of shoring. Measures to prevent dislodgment of loose or unstable earth, rock or other material from falling into the excavation by proper shoring shall be ensured.



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- iii) Persons who are not engaged in excavation work shall be prevented from approaching excavation areas by placing warning signals, barricades etc. near the site of the exaction.
 - iv) Excavated material shall not be dumped within 1.5 m of the edges.
 - v) An excavated area shall have an illumination level of at least 20 Lux for night work.
- VI) Personal protective equipments like safety helmet, safety belt, hand gloves, goggles etc as applicable to the work shall be used by the contractor.
- i) It shall be ensured that commensurate with the nature of job appropriate PPEs with ISI marking are used by the workers.
- VII) Safety precautions and personal protective equipments for painting works shall be used with respect to respiratory protection and fire protection including ventilating the area.
- i) No person should enter in any confined space like tanks, pit chamber etc. in which gas, fumes, vapours, dust is likely to be present to such extent that it may endanger his/her health without safety work permit.
- VIII) Valid certificate of testing and inspection by competent person for the lifting machines and tackles in use shall be available with the agency on the work.
- i) No lifting machine, chain, rope or lifting tackle shall be taken into use for the first time unless it has been tested and examined by a Competent Person. A certificate of such a test / examination specifying the safe working load and signed by the person making the test / examination should be available for inspection.
 - ii) Cranes shall be operated only by authorized persons who are well trained and experienced.



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- iii) Inspection and maintenance of material handling equipment should be frequently scheduled. Load testing of cranes at specified loads shall be carried out by the Competent Person at least once in twelve months.
- IX) Adequate fire safety precautions and electrical safety precautions shall be maintained for welding & gas cutting including proper ventilation in the area. The return lead of the electrical welding machine shall be extended and connected directly to the work.
 - i) All portable appliances which are powered by single phase AC supply shall be provided with three core cable and three pin plug or whole body should be double insulated.
 - ii) All connections to portable equipment or machines from the panel / distribution board / extension board shall be taken using 3 core double insulated PVC flexible copper wire in one length.
 - iii) Earth Leakage Circuit Breaker should be provided.
- X) Grinding machines shall be provided with wheel guard and the grinding wheel shall be within its validity period.
- XI) Proper housekeeping shall be maintained by the contractor by collecting the scraps and loose material daily and arranging them suitably.
- XII) Fire safety and industrial safety precautions at all areas including for work near water bodies shall be observed in general.
 - i) Personnel trained in fire safety shall always be available on the site.
 - ii) Flammable materials should be stored away from the source of ignition such as generators, welding sets and electrical distribution boxes.



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- XIII) All contractors shall ensure that Safety Officer/Supervisor/coordinator as appointed for the job shall always be available at site.
- XIV) All accidents and fire incidents including near-miss incidents shall be reported to the Engineer-in-Charge and Head of the Safety Department by the contractor.

Group Insurance in respect of all workmen engaged in the work against accidental injury/death for the period of the work shall be taken by the Contractor and documents in this regard shall be submitted to the Engineer-in-charge before starting the work.



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Declaration

HOD(Procurement)

I S W P

I declare that all the above information furnished are true. I have also read and understood the "NOTE" and confirm to abide by the same.

Signature

Name in Full

Designation



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Re: ISWP Code of Conduct

We at I S W P have adopted the Tata code of Conduct, which represents the values that we uphold in the conduct of our business.

The code of conduct is an articulation of the values and principles that govern the manner in which the Tata Group of Companies and their employees conduct themselves.

We wish to inform that this code will apply in all our dealings with you and all others who do business with us as a part of our supply chain. Some of the issues pertaining to the code of conduct are enumerated in annexure – 1.

Reputation and respectability that the Tata Group of Companies enjoy nationally and internationally, have been built through adoption of such a code of conduct and we are confident that your company will also desire to follow similar code to achieve similar success.

Please confirm your acceptance to abide by this code of conduct for our mutual benefit. In case you are already following a similar code, please furnish us a copy of that code of conduct.

We will be pleased to discuss the subject with you or your representative and explain the essence of Tata Code of Conduct, if you so desire.

Please confirm your acceptance in the Annexure 1 (enclosed) .

With regards

Yours sincerely,

HOD (Procurement)



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Annexure-I

ISSUE PERTAINING TO CODE OF CONDUCT FOR VENDOR

- **Not to take recourse to any unethical behavior (implicit or explicit) with any Tisco employee for the purpose of obtaining**
 - ✓ **An order or**
 - ✓ **Any information that may have a favorable financial impact on the vendor**
- **To report any discrimination that is being practiced against him by any Tisco employee of either.**
 - ✓ **Denying him an opportunity of participating in fair & free competition or**
 - ✓ **Charging him with act(s) of misdemeanor that has not been perpetrated by him.**
- **Not to take advantage to any family / social / political connections in obtaining an order or enquiry. Merit being the sole attribute for association with Tisco.**
- **Ensure compliance of all governmental norms on pollution, Minimum Wages Act, Child Labour, Health & Safety etc.**
- **To desist from unfair trade practices with its competitors, who are also suppliers to Tisco. No attempt to be made to unfairly discolour the reputation of such suppliers in the perception of Tisco.**
- **Violation of any of the above stipulations would be dealt with firmly.**

Signed on

For and on behalf of

Signature

Name



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Electronic Payment (RTGS/NEFT) Application Format

Procurement Division
ISWP Ltd.(A Subsidiary of Tata Steel Ltd)
PO Indranagar, Jamshedpur,
Jharkhand-831008

Dear Sir,

Re: **Bank Account details for RTGS/NEFT Transaction**

Payment due to us for services provided/supplies made to ISWP Ltd. may please be credited to our Bank Account as detailed below :-

Beneficiary Details:

Beneficiary Name	
Bank Account No.	
Bank's Name	
Branch Name	
Branch Complete Address	
Account Type	
NEFT/RTGS Code of Bank Branch	
Vendor Code	
E-mail id	
PAN No.	

Declaration:

I/We hereby certify that I/We am/are the sole proprietor/partners/authorized representative of the company. In case of any false declaration made above ISWP Ltd. will not be liable to any of the parties.

Note:

In case of partnership firm all the partners are required to sign on this declaration.

In case of any falsification, ISWP Ltd. will not be liable to any of the partners.

Date and Seal of the Company

Name and Signature of Proprietor / All Partners /
Director or authorized representative (in case of
Ltd. Company)

Bank Account no and signature of the Account Holder is certified

Signature (authorized person) and seal/stamp of the Bank

Encl.:

Pls. also attach one cancelled cheque in original.

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ACKNOWLEDGEMENT

I acknowledge that I have received the **Tata Code of Conduct - 2015**.

I have read **TCOC** and acknowledge that as a business partner, I shall comply with the guidelines.

If there is a violation or potential violation of the Tata Code of Conduct, I understand that there are channels for reportage of such concerns. By making use of these channels, when necessary I shall play my part in maintaining the high ethical standards to which we hold ourself.

Signature with Official Seal.....

Name of the representative.....

Designation

Name of the firm

Address

.....

Note: For details about the TCOC(Tata Code of Conduct) please click on the below link.

http://www.iswp.co.in/home/pdf/TCoC_2015__1_.pdf