

FACTORY VISIT REPORT

Date: 22.04.2022

Name of visiting Officer

NAME OF THE VENDOR			
ADDRESS & CONTACT DETAILS			
Address of plant/manufacturing unit			State
City & State		City	PIN
Area of plant/unit in SQF			
Unit is single/multi location			
Contact Person (s) Details			E mail ID
a) Manufacturing /Plant Head		Name	Mobile
b) Despatch Head/ Officer			
c) Quality Head/ Officer			
PLANT & MACHINERY DETAILS			
Technological collaboration, if any			
No. of product being manufactured		Product 2	Product 3
Details of product			
Name of product		Product 1	
Relevant BIS code followed, if any			
Make of major plant and Machinery			
No. of production line & capacity			
Total installed capacity/annum			
Present operating capacity/annum		Engineers	Semi skilled
Manpower details			
No. of manpower		Technicians	
No. of operating shifts			
RAW MATERIALS DETAILS			
Details of major raw materials		Raw Material 1	Raw Material 2
Name			
Brand & Source			
No. of days Inventory hold			
QUALITY CONTROL DETAILS			
Type of On line quality checks			
Quality control lab is set up			
Type of periodical check in lab		Instrument 2	Instrument 3
Details of major instruments		Instrument 1	
Name			
Make			
Calibration Frequency			
Any quality certification (ISO9000/14000)			
GENERAL WORKING ENVIRONMENT			
Layout of plant and machineries			
Level of Housekeeping in the factory			
Safety measures taken for labor			
Pollution level (air/water/solid/noise)			
Treatment for Pollution and waste generation			
Remark			

Recommendation for Approval:

YES / NO

Approval For :

For M. K. ENTERPRISE
Kusum Jain
 Partner

Sign of Assessor:

To be filled by Purchase team

Recommended for enlistment

Yes/No

Comments, if any
Signature

(Draft of MSMED Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head in case he is n

Date:

To,
The Project Manager
101, Kalpataru Synergy,
Opp. Grand Hyatt,
Santacruz (E),
Mumbai 400055.

Dear Sir/Madam,

Sub: Declaration under Micro, Small and Medium Enterprises Development Act, 2006.

We are not registered micro or small or medium enterprise under the Micro, Small and Medium Enterprises

We shall inform you and submit a copy of the memorandum for your records as and when we make our application for registration to the National Board for Micro, Small and Medium Enterprise.

Thanking You
Yours truly, **For M. K. ENTERPRISE**

Kusum Jain
Partner

(Signature of Proprietor/Partner/Chief Executive)
Name in Capital letters

KUSUM JAIN

Rubber Seal

For M. K. ENTERPRISE
Partner

PRE BID QUESTIONNAIRE

NAME OF THE VENDOR

Item category

OWNERSHIP AND KEY STAKEHOLDER(S)

If your organization is a privately owned, list all the owners of your organization. For publicly traded Companies, list all shareholders holding more than 5%.

	NAME	ADDRESS	OWNERSHIP%	NATIONALITY		

List the members of senior management team (executives) and/ or board of directors?

	NAME	OWNERSHIP%	NATIONALITY		

Do you have any jointly-owned organizations? Who are the key subsidiaries or jointly-owned organizations that will be involved in the proposed project/partnership?

	YES	NO				
	ORGANIZATION NAME	RELATIONSHIP	LOCATION	DATE/PLACE ESTABLISHED	PERCENTAGE OF OWNERSHIP OF BIDDING ORGANIZATION IN SUBSIDIARY(IES)/JOINTLY OWNED COMPANIES	

List the name(s) and title(s) of the individuals who will be responsible for working with our organization.

	NAME	DESIGNATION	OWNERSHIP%	NATIONALITIES		

List all previous or current relationships with KPTL/ other stakeholder department of the project and the period when such relationship was active?

	NAME OF THE PROJECT	BRIEF DESCRIPTION	START DATE	END DATE	VALUE OF PROJECT	WORK ORDER/AGREEMENT REFERENCE NO

Do you have or had a personal relationships with the official/ employee working with KPTL /other stakeholder department of the project? If yes, list all the name(s) and relationship(s) for the same.

	YES	NO				
	NAME	ROLE/ACTIVITIES	RELATIONSHIPS TO YOUR ORGANIZATION	ADDRESS	SPOC CONTACT DETAILS	

Do you plan to use any other entities or individuals, including subsidiaries, affiliates, partnerships or joint ventures, consultants, intermediaries, public relations agencies, marketing agencies, logistics providers, freight forwarders, customs brokers or any individuals other than your own employees to perform services under the proposed agreement? If yes, identify their name and address, their relationship to you, and the activities they will perform.

For M. K. ENTERPRISE

Kusum Jain
Partner



KALPA-TARU

**Annexure D
DECLARATION FORM**

(A) DECLARATION ON EMPLOYMENT OF RELATIVES IN KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES

We, hereby declare that the following employee(s) of Kalpataru group of Companies / or of Competitor Companies / are my relative(s):

Sr.	Employee Code	Name	Designation	Name of Company	Location	Relation
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

If NO, then please tick on

NO

(B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES

We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Competitor Companies.

Sr. No.	Name	Name of Company	Associated with effect from	Type of Business	Location	Relationship
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

If NO, then please tick on

NO

(Signature of the Supplier Authorized Representative)

For M. K. ENTERPRISE

Name of Company/ies

Kusum Jain

Name & Designation of Authorized Signatory

Partner

Stamp & Seal of Company

Place:

Date:

For M. K. ENTERPRISE

Partner



KALPATARU

ANNEXURE "C" TO VRIF

(Draft of Payment Authorization Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head)

Date:

To,

The Project Manager
101, Kalpataru Synergy,
Opp. Grand Hyatt,
Santacruz (E),
Mumbai 400055.

Dear Sir/Madam,

Sub: Authorization for payment of bills by RTGS/ NEFT.

We hereby authorize all the entities in the Kalpataru group to directly credit our Bank Account mentioned below with the payment due against our bills for supplies/services rendered by us to all entities in the group and send us the intimation on following email address/Mobile No.:

Our Email Address:

Mobile No.: 9434033018

The Details of our Bank account for payment through RTGS/ NEFT are as under:

Name of Bank: **ICICI BANK**

Branch : **MAYNAGURI**

Address : **DEBINAGAR,MILPARA,POST-MAYNAGURI,DIST-JALPAIGURI,WEST BENGAL-735224**

MICR Code : **735229501**

RTGS/NEFT IFSC Code : **ICIC0002621**

Bank Account Number : **262105000763**

We undertake to

- 1) Inform you for any changes in the aforesaid bank details.
- 2) Refund any wrong/excess payment of money received by us in case of erroneous transfer of funds to our account within 7 days of receipt of intimation from you.
- 3) Inform and refund to you on any excess/erroneous money received by us.

Thanking You

Yours truly, **For M. K. ENTERPRISE**

Kusum Jain

Partner

(Signature of Proprietor/Partner/Chief Executive)

Name in Capital letters

Rubber Seal

(Please attach a copy of cancelled cheque for reference)