No. \_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_

Supplier/ Vendor Evaluation Form

1. General:

i. Name of Supplier/ Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii. Address of Supplier/ Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iv. Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

v. Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vi. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vii. Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

viii. Year of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_

ix. Facility Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

x. Category:

2. Manufacturing Facility/ Process Facility

i. Does the supplier/ vendor has adequate machinery and equipment to supply materials/

services?

ii. Describe available machinery/ equipment:

Sr. # Description No. State of Maintenance

a

b

c

d

e

iii. Does the supplier/ vendor maintain a maintenance schedule?

iv. Does the supplier/ vendor has adequate knowledge of the manufacturing processes carried

out by him?

Materials Services

Yes No

Yes No

Yes No