

**CAPACITY CUM CAPABILITY
VENDOR ASSESSMENT REPORT**

Date:

1.	Name and City of Firm	
2.	Registered address of firm	
3.	Address of works (Unit to be assessed)	
4.	Nature of Company i.e. Proprietary/ Partnership/ Private limited etc.	
5.	Type of industry MSME(Micro/Small/Medium)	
6.	Brief area of factory i.e. i) Covered area, ii) Open area	
7.	Details of Power Connections: i) Sanctioned/Installed ii) Own arrangement, if any	
8.	Financial/Annual turnover of firm with Name and address of banker	
9.	Phone/Fax No. , Website address & E-mail I.D	
10.	Name/Designation/Mobile No. of Contacted Person	
11.	Date of Inspection	
12.	Item(s) for which firm is being assessed (Description/PL No.)	
13.	Reference letter(s) on the basis of which the firm is being assessed <i>(specify letter no., date & designation of sender)</i>	
14.	Main Processes involved for manufacture	

15.	Is firm registered with MCF? If yes, give registration number	
16.	Important Customers of the firm (use separate annexure, if needed)	
17.	Main Products of Manufacturing (use separate annexure, if needed)	
18.	Has the firm supplied any item(s) to MCF? If yes, please give details (use separate annexure, if needed)	
19.	Details of Machinery & Plant available with firm (Annexure-III (A)) Identifying critical M&Ps for the product	
20.	Details of testing & Quality control facilities available with firm (Annexure-III (A))	
21.	In case of capability assessment for SS items, whether the firm has requisite infrastructure and work culture for manufacturing the same?	
22.	Does the firm have adequate systems to ensure consistent & acceptable quality products?-ISO STATUS etc.	
23.	Does the firm have adequate and competent technical manpower?	
24.	i) Items for which firm is being recommended: ii) Rating of firm for the said item(1-5, 5 being highest rating)	
25.	Assessed maximum capacity of the firm for producing the item in a month:	
26.	Items for which firm is not being recommended & reason for the same:	
27.	Details of main documents attached with this report, if any :	
28.	Other information	

Signature
Name
Designation of Assessing Officer

Summary report of M&P, Quality, and Testing requirement as per STR**1. M&P Requirements**

No.	Description of machine	Availability	Remark

2. Testing Requirement

No.	Description of Measuring/Testing equipment	Availability	Remark

3. Quality Requirements

SN	Requirements	Status /Remarks
1	In house availability of quality control & testing facility	
2	Existence of Quality assurance system	
3	Availability of trained manpower for quality assurance	
4	Quality control system for incoming raw material & semi finished products	
5	Other requirements mentioned in STR	

Signature
Name
Designation of Assessing Officer