

Contractor Registration Form

Contractor Details	
Name:	Email:
Address:	Telephone:
	Fax:
Project Details	
Name:	

1. Organization Profile

Provide describe about your organization profile in short sentences.

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2. Category or Services offered

Please provide the kind of services offered in short sentences.

1.
2.
3.
4.
5.

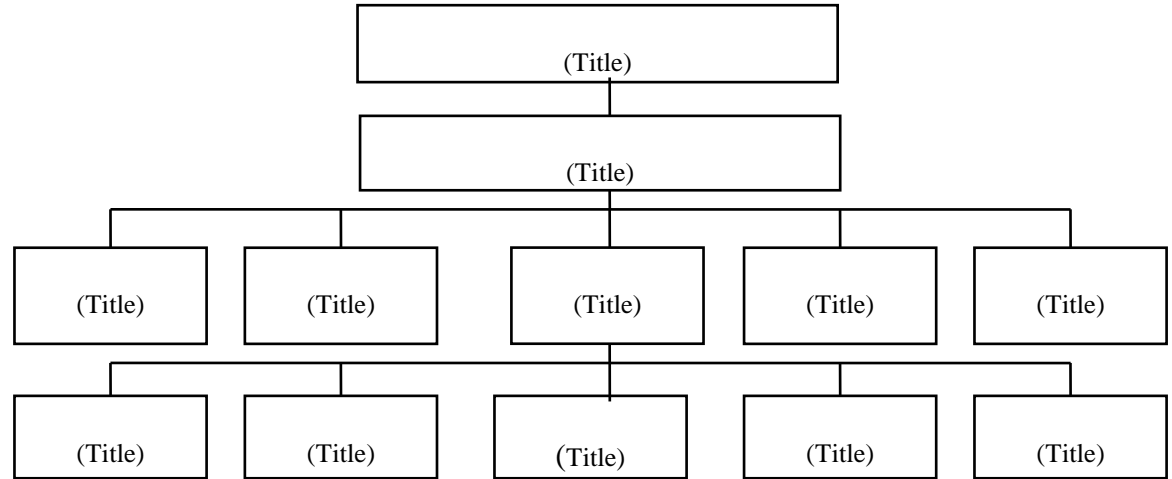
3. ORGANISATIONAL STRUCTURE

List your organization structure in the hierarchy, starting from project director to workmen; please include the discipline or domain in brackets, for workmen please only include Numbers. Add additional box's if required.

Position Name:

Position Name:

Position Name:



The structure should contain the following

1. Project Director
2. No. of Project Managers(Civil/Mechanical/Electrical)
3. No of Site Engineers/ Supervisors
4. No of expected average workers and peak no. of workers

4. Profile and Contact Details of Key Personnels

Name:
Designation:
Profile:
Contact details

Please attach the Cv's

Name:
Designation:
Profile:
Contact details

Please attach the Cv's

Name:
Designation:
Profile:
Contact details

Please attach the Cv's; Add additional rows if required.

5. Financial Details

- 5.1) Turnover in the Last 3 years:
- 5.2) Financial Statement:
- 5.3) Income Tax Registration No:
- 5.4) Service Tax Registration No:
- 5.5) Sales Tax Registration No:
- 5.6) Can be Solvent up to:
- 5.7) Please attach the clearance certificates and balance sheet.

6. Orders Executed in last 2 years

- 6.1) No. of Orders executed in last 2 years:
 6.2) Single largest order value executed in last 2 years:
 6.3) Type of Works executed:
 6.4) Please attach the P.O of the largest order value.

Table 6.1

S.No	Company Name	Order Value	Time of Execution	Type of Work	References

Please list the orders executed in the above formats, add additional rows if required.

7. Equipment List

Table 7.1

S.No	Equipment Description	No's	Ownership(Own/Hired)

Please attach the list of Equipments, add additional rows if required

8. Quality

8.1) Provide the details of QA / QC policies employed in your company.

8.2) Please provide how the non- conformity at site is controlled.

8.3) Please provide the structure & operating methodology of the QA/QC department of your organization.

9. Safety

9.1) Please provide the details of the SH&E policies & procedures of your organization.

9.2) Please provide the details of the disciplinary action programs implemented in your Organization for violation in safety, health and environmental policies & procedures.

9.3) Please provide the procedures employed in your organization for the systematic work place inspection schedule.

9.4) Please furnish the details of current and valid copies of all qualifications/licenses available in order for contractors' employees to undertake proposed task/activity.

9.5) Please provide the details of systems implemented in your organization to ensure effective risk management specifically with jobs pertaining to Confined spaces, Heavy lifts, Excavations, Working at heights, Radiography, Steel erection, High voltage, Manual handling.

9.6) Please provide the details of arrangements & procedures employed in your organization for dealing with emergencies such as:

- Excavation collapse
- Fire
- Explosion
- Toxic release
- Fall from height
- Electrocutation

9. Safety

9.7) Please provide the details of the reporting process - In case of any accident / incident at site

9.8) Please provide the details of PPE provided for your employees such as: Safety footwear, Helmets, Overalls, Eye protection, Hearing protection, Safety Gloves and the standards they conform.

9.9) Please provide the details of training provided to your staff on the proper use of PPE.

9.10) How many safety engineers are employed.

9.11) Have you identify the person responsible for construction safety in case of no safety engineers.

9.12) Has the concerned safety person been given any safety training, if yes please provide the detail.

9.13) Have the workers been checked for their health i.e. for working at site, furnish the details

10. Scheduling & Tracking

10.1) Do you prepare the bar chart, if Yes then in MS – Excel or MS – Project, please provide sample plans.

10.2) How is the bar chart updated, daily, bi-weekly or weekly, please provide sample documents of status reports

10.3) How will you ensure that the project is implemented within schedule?

11. Material Management

11.1) How would you store the material?

11.2) How will you maintain the log of material incoming / issue to site.

11.3) Please provide the details of systems in place for keeping the records of material test certificates.

12. Certifications

12.1) Please provide with the details of any certifications you had, like ISO certifications

13. Documentation

13.1) Are you keeping customer contract copy, approved drawing at site? If yes then who is responsible for documentation control.

13.2) Please provide the details of systems in place for documentation control.

14. Certification

I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible:

Name

Functional Title

Signature

Date

Important Notes

1. To be completed by Contractor seeking registration as an approved contractor.
2. The questionnaire must be completed in full and be signed.
3. A company profile may accompany the registration form but will not be accepted as substitute for the application form – all fields on application form **MUST** be completed by applicant.
4. Applicants will be contacted via email & phone and must therefore submit an operating mail & contact number; failure to comply will result in excluding the contractor from the data base.
5. It should be noted that the Propel reserves the right to accept or reject any application.
6. Contractors must comply with all the registration-criteria for registration to be finalized - failure to do so may result in the application being declined.