Annexure-1

# HINDUSTAN AERONAUTICS LIMITED ......Division Application for Registration as Sub-contractor Ref:

(Office Use Only)

Complete all sections of the form; sign the declaration and send the completed form and attachments in an envelope marked 'Application for Registration as Sub-contractor' to:

The Executive Director/ General Manager

So as to reach him on or before .....

Hindustan Aeronautics Limited,
...... Division,

ection-1: Applicant Particulars Applicants with their own manufacturing facilities, and not stockists/ agents, need only Oply)					
Name of Individual/ Firm/ Company					
Constitution or Legal status					
Registration Number		Registering Authority		Date of Registration	
Registered Address Office:					
Address of Factory					
Contact Person Name and Designation					
Address for Correspondence					
Tel. No.		Fax No.			
Mobile No		Email Address	:		

# Section-2: Applicant Profile

Individual  Partnership  Ltd. Company (Pvt/Public)  PSU/ Govt. Undertaking  Research Institute  Trust  Joint Venture or other tie-up for technology, equipment, financial backing and/or Project Management. Please specify ()  Others, Please specify	2.	1 Type of Ownership:						
Joint Venture or other tie-up for technology, equipment, financial backing and/or Project Management. Please specify ()  Others, Please specify			Partner	ship			npan	y (Pvt/
Project Management. Please specify ()  Others, Please specify		PSU/ Govt. Undertaking	Researc	:h Inst	titute	Trust		
Please enclose copies of Income Tax Return (in case of individual)/ Partnership Deed/Articles & Memorandum of Association/ JV Agreement/ Certificate of incorporation/ Certificate of Registration etc as applicable, duly certified by Chartered Accountant.  2.2 (a) Are you a small scale Industry registered with the NSI? Yes / No If yes, please enclose copy of NSIC Competency/ Capacity certificate.  (b) Do you have ISO 9000/9001C/9002/AS9100 certification? Yes/ No If yes, please specify & indicate validity:  (c) In case of certification by other accredited institutions, please give details:    Natitution   Type of Certification   Valid up to (date)			='	_	y, equipme	nt, financial	back	ring and/or
If yes, please enclose copy of NSIC Competency/ Capacity certificate.  (b) Do you have ISO 9000/9001C/9002/AS9100 certification? Yes/ No If yes, please specify & indicate validity:  (c) In case of certification by other accredited institutions, please give details:    Institution   Type of Certification   Valid up to (date)		Please enclose copies of Articles & Memorand incorporation/Certific	of Income Ta um of As	ax Re socia	turn (in cas tion/ JV	se of individ Agreemer	nt/	Certificate of
If yes, please specify & indicate validity:  (c) In case of certification by other accredited institutions, please give details:    Type of Certification   Valid up to (date)	2.			•			tifica	
Institution Type of Certification Valid up to (date)  (d) Give details of registration, if any, with:    Company   Registration   Number   Dated   Validity   Class/ Type of Registration   Registration   Number   Dated   Validity   Class/ Type of Registration   Class/ Type of						ication?		Yes/ No
(d) Give details of registration, if any, with:    Company   Registration   Number   Dated   Validity   Class/ Type of Registration	_	(c) In case of certification	on by other	accre	dited institu	itions, please	e giv	e details:
Company Registration Number Dated Validity Class/ Type of Registration Registration  HAL or its Divisions (Specify)  DGS & D  PSUs  Central/ State Govt		Institution		Т	ype of Cert	ification	Va	alid up to (date)
Company Registration Number Dated Validity Class/ Type of Registration Registration  HAL or its Divisions (Specify)  DGS & D  PSUs  Central/ State Govt	-							
Company Registration Number Dated Validity Class/ Type of Registration Registration  HAL or its Divisions (Specify)  DGS & D  PSUs  Central/ State Govt		(d) Give details of registr	ration if any	, wit	h٠			
(Specify)  DGS & D  PSUs  Central / State Govt			Registrati	on		Validit	ty	
PSUs  Central / State Govt								
Central/ State Govt		DGS & D						
		PSUs						
Major Private Institutions		Central/ State Govt						
		Major Private Institutions						

Attach necessary certificates from the registering authorities.

2.3 Have you undertaken any work on subcontract from HAL, or any of its Divisions, in the past 3

Others (Specify)

years or presently? Yes/ No

If so, please give details, starting with most recent orders:

Division of HAL	Order number & Date	Items/ Brief description of Work	Date of completion of Order

2.4 Have you undertaken any work for customers other than HAL in the past 3 years? Yes/ No If so, please give details, starting with most recent orders:

11 30, preuse	ii 30, picase give detaits, starting with most recent orders.						
Name of the Customer	Items/ Brief description of Work	Value in Rs.	Date of completion of Order				

Please attach certificate of completion/ Proof

2.5 List the names of Owners/ Partners/Promoters and Directors/ Company Secretary/ Holder of Power of Attorney, as applicable, in the format detailed below:

Name of the Owners/ Partners/ Promoter & Directors/ Company Secretary / Holder of Power of Attorney	Address	Whether Owner/ Partner/ Promoter/ Director/ Company Secretary/ Holder of Power of Attorney	Extent of share holding in the Firm/ Company as the case may be

2.6 List the names & addresses of all associated, subsidiary & holding companies, including trusts.

Company Name	Address	Nature of Business	Relationship with Applicant

2.7 Qualifications and experience of key Technical personnel. Attach biographical data.

Position	Name	Qualifications	Assignment/ Duties	Years of experience in the assignment

2.8 Company's Total Technical Personnel by Discipline:

Trade/ Discipline	Number of Personnel	Trade/ Discipline	Number of Personnel
Turners		Quality/ Inspectors	
Millers		Shop Engineers/ Methods	
Fitters		Draughtsman	
Welders		Total	
Others (Please Specify)		Total Personnel	

2.9 Give details of major equipment of Plant & Machinery and Inspection Equipments available, as per format detailed below:

available, as per form	available, as per format detailed below.						
Item of Equipment/ Machine	Model/ Make	Capacity	Nos	Accuracy achievable	Year of Purchase		
1	2	3	4	5	6		

Details Attached? Yes/ No

- 2.10 Give a short write-up on Project Planning and Quality Control Procedures in practice in your organization or proposed to be adopted.
- 2.11 Please indicate availability of Inspection Facilities including availability of equipments such as Profile Projector and multi-axes Co-ordinate Measuring Machine etc in the format given at para 2.9. Please indicate procedure existing for calibration of Instruments and periodicity.

# Section-3: Financial details

Section 5. I maneral actans			
3.1 Annual Turnover in the past 3 years:			
Year			
Annual Turn-over (Rs. Lakh)			
Profit/Loss Rs Lakhs)			
3.2 Attach the following audited finar financial years and place a tick making enclosed the appropriate do	nark in the appro	opriate column	
Year			
Balance sheet			
Profit/Loss Statement			
of assessing sub-contractors for regis  3.3 Bank(s) details:  Will you authorise your Bank/s to supplication, if required?  Name of Bank (Scheduled Commercial Bank) & Branch	·		,
Name and Designation of Contact Person:			
Address			
Tel No			
3.4 If operating an overdraft, please state	, Bank-wise details	<b>::</b>	
Name of the Bank & Ado			our overdraft (Rs)
		1	

3.5 Details of Income Tax a	assessed, as pe	er clearance Cert	ificate, in the las	t 3 years:
Year				
Amount Assessed (Rs in	Lakhs)			
Amount paid/ payable	(Rs in Lakhs)			
Attach copies of Incom	e Tax Clearand	ce Certificates fo	or the past 3 year	S.
3.6 Sales Tax/VAT Details: - Central sales Tax Re	gistration No	:		······
- State sales Tax/ VAT	Г/TIN registrati	on No :		••••••
- Details of Sales Tax	assessed, as pe	r clearance Certii	ficate, in the last	3 years:
Year				
Amount Assessed (Rs i	in Lakhs)			
Amount paid/ payable	(Rs in Lakhs)			
Attach copies of Sa	les Tax Clearaı	ı nce Certificates 1	for the past 3 yea	ars.
<ul><li>i) Declared bankrup creditors?</li></ul>	t or compound	ded with or mad	de an assignment	for the benefit of Yes/ No
	ion resulting i	n the winding up	of the company,	n or had instigate being placed unde Yes/No
Note: If you have relevant details. registration.		, ,		
Section 4 - Registration c	ategory/ Facil	ities/ Capabilitie	<del>2</del> S	
4.1 Give the floor area of give separate details fo	-	nd Offices. If you	u own more than	one factory, pleas
Factory or Office		Location		Area in Square Meters

4.2 Mark in the boxes below to specify the type of operations/ manufacturing processes for which you seek registration and Capacity available for contracting. To be considered for registration for any type, the applicant must clearly demonstrate that all marked facilities are available.

	C		C I		C I
0	Spare hrs	Operational	Spare hrs	Operational	Spare hrs
Operational facility	per	facility	per	facility	per
	annum		annum		annum
Metal Removing		Deformation		Plastics &	
Processes		Processes		Composites	
Turning		Punching		Fibre-glass	
Thread Cutting		Hydraulic Press		Moulding	
Milling		Fly-Press		Composites	
Copy Milling		Stretch Forming		Thermoforming	
Gear Machining		Brake Press		Welding facilities	
CNC machining		Stamping		Gas Welding	
Drilling		Spring Making &		Electric Arc	
Gun Drilling		Wire Forming		Argon Arc	
Jig Boring		Spinning		TiG welding	
Shapers		Label making		MiG Welding	
Broaching		Formed Tubing			
Fluting		Cold-Heading		<b>Heat Treatment</b>	
Grinding				facilities	
Die Sinking		Casting & forgings		Kilns, Ovens &	
		Casting		Industrial Heating	
Cutting		Casting- Ferrous		_	
Cutting-conventional		Casting- non		Plating &	
Cutting- laser		Ferrous		Painting Nickel	
Cutting- Plasma		Die casting		Plating	
EDM wire Cutting		Investment casting		Cadmium Plating	
ECM		Moulding		Anodizing	
Water Jet Cutting		Injection Moulding		Painting	
Shearing		Plastic Injection		Coating	
Assembly/joining		Moulding			
Riveting		Powdered Metal		Electronic	
Spot Welding		Moulding		Assembly	
Joining		Sintered Products		Soldering Station	
Assembly		Wood Working		Electronic Test	
Rubber Moulding		3		Eqpt	
Gaskets and seals				ATE for PCBs	
				Clean Rooms	
				Profile Projector	
				Co-ordinate	
				measuring	
				Machine	

4.3 Mark in the boxes below to specify the category/ type of ground handling equipment and tools for which you have capability and are willing to take up on sub- contract:

	ı		ı		1
Category/	Tick	Category/	Tick	Category/	Tick
Type of Tool	mark	Type of Tool	mark	Type of Tool	mark
1,700 01 1000	if yes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	if yes	1,900 01 1000	if yes
Ground Handling		Measuring Tools &		Steel Forming	
Equipment		Instruments		Mandrels	
Trolleys		Plug Gauges,		Single plane	
Off Jig Stands Working		Ring Gauges,		template	
Stands Ladders		Snap Gauges,		application	
		Taper gauges,			
Hydraulic Jacks		Thread Gauges,		Double plane	
Upto 8 Ton		Co-axiability		template	
Upto 10 Ton		Gauges		application	
Upto 20 Ton					
		Cutting Tools (HSS/		Three plane	
Assembly Tools and		Carbide Tip)		template	
fixtures		Single Point Tools,		application	
Size upto 700x700 mm		Drills,			
& above 700x700 mm		Counter bores,		Wooden Form	
		Countersinks,		Blocks	
Jigs & Fixtures		Reamers		Size upto 500 mm &	
with base plate size up		Milling Cutters,		Size above 500mm	
to 400 x 400 mm		Taps, Threading			
		Round Dies,		Moulds	
With base plate size		Broaches,		'O' Ring Mould 45°	
above 400 x400 mm		Lapping Tools			
				'O' Ring Mould other	
Heat treatment/		Press Tools		than 45°	
Plating Fixtures		Blanking/Piercing			
Expanding Mandrels		Dies,		Multi-cavity 'O' Ring	
		Progressive Dies,		45° Moulds,	
Hand tools		Compound Dies,/			
Rivet Snaps		Combination Dies,		Gasket Moulds,	
Rivet Squeezers		Bending Dies,		Tubular Moulds,	
Pliers		Deep Drawing Dies		Injection Moulds,	
Scissors					
Pneumatic Guns		Steel forming Dies -		Ejector Type plastic	
Torque Wrenches		above 500 x 500 mm		Moulds	
Markers					
Extractors		Steel forming Dies -		Slings, Wire Rope	
		above 1000 x 1000		4 to 16 mm dia	
		mm			
				Inspection Lofts	

<u>Note for the HAL Divisions:</u> The above categories & sizes are indicative. The Division may modify to suit their specific requirements

4.4 Mark in the boxes below to specify the category/ type of precision aeronautical components for which you have capability and are willing to take up on sub-contract:

for which you have capability and are willing to take up on sub-contract:						
	Tick		Tick		Tick	
Category/	mar	Category/	mar	Category/	mar	
Type of Tool	k if	Type of Tool	k if	Type of Tool	k if	
	yes		yes		yes	
Sheet Metal		Machined		Non- Metallic		
Components		Components Turned		Components		
Press Components		Components,		Rubber Injection		
Extruded / Drawn		Conventional Milling		Moulding, Rubber		
Components		Components,		Components, Fibre		
Standard Sections		Components with		Glass Components,		
		extensive NC turning		Components of		
Assemblies & Sub-		& associated		Composite Materials		
assemblies		Operations,				
Aircraft Structural		Components with		Non Metallic		
assemblies- Riveted		extensive NC milling		Components		
Aircraft Structural		& associated		Hot Forming-		
Assemblies- Welded		Operations		Acrylic/ Perspex/		
Mechanical Assemblies				Macrolon etc.		
Pneumatic, Hydraulic,		Specific		Blow Moulding		
Fuel Actuating		Components				
Cylinders		Fasteners,		Wooden		
Looms/ Electric Cables		AGS/ AGL Spares		Components		
PCB Assemblies		Engine Discs, Shafts				
Pipe Lines		Gears- Bevel, Spur,		Castings & Forgings		
		Splines Shafts				
		Small Components				
		such as brackets,				
		Covers, adapters,				
		Sleeves, axles,				
		levers etc.				
		Engine Discs, Shafts				
		Machined Casings				
		rings springs				
		Metallic tanks ,				
		Valves, atomizers,				
		Nozzles etc.				

Note for the HAL Divisions: The above categories & sizes are indicative. The Division may modify to suit their specific requirements

4.5 Indicate whether separate storage facilities are / can be made available for storage of aircraft materials to avoid any mix up with commercial materials.

4.6 List total value of Sub-Contract work performed in the last three years

Year		
Value of sub-contract work performed (Rs in Lakhs)		

4.7 In the last 3 years, has your firm, or any firm with which any of your company's owners, officers or partners were associated, been debarred, disqualified, removed, blacklisted or otherwise prevented from bidding or taking up any sub-contract? Yes/ No

If yes, State the sub-contract order and the basis for the action.

5. Please provide any additional information, which will help you secure registration with

# 6. DECLARATION:

(This declaration should be completed by a proprietor, partner, director or other senior manager who has the authority to do so.)

- 1. I/ We declare and confirm that
  - a) The HAL Conditions of Registration are acceptable
  - b) All information and attachments submitted in this application are true and correct
  - c) I/We are aware that any false information provided herein will result in the rejection of my application and cancellation of any registrations granted
  - d) I/ We shall be bound by the acts of duly constituted attorney who has signed this application and of any other person who in future shall be appointed by us in his place to carry on business of the concern whether or not an intimation of such changes is given to HAL
  - e) I/ We have read and understood HAL's General Conditions of Contract and agree to abide by the same in all respects
  - f) I/ We undertake to communicate promptly to HAL any changes in condition or working of the firm
  - g) I/ We confirm that we have our own manufacturing facilities

2.	I/ We enclose herewith a pay order/ banker's draft numberdrawn of Bank for Rs. 100/- as processing fee, which is non- refundable.
	Signed:
	Name:
	Position:
	Date:
	Details of person holding the power of Attorney (If different from above) (Attach attested copy)
	Name
	Position
	Tel No. ( )
	Mobile No
	Fax No. ( )
	Official Seal

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