H.A.L
CORPORATE
QA DEPT
UTILISATION OF THIRD PARTY
INSPECTION SERVICES
DOC. NO. : CQAG 9006
: Nil
: Nil
: 17a OF 17
: 06.12.2018

Annexure-1(a)

HINDUSTAN AERONAUTICS LIMITEDDivision Application for Registration as Third Party Inspection Body

Ref:

(Office Use Only)

Complete all sections of this Form; sign the declaration and send the completed Form and attachments in an envelope marked 'Application for Registration as Third Party Inspection Body' to:

The Executive Director/ General Manager
Hindustan Aeronautics Limited,
Division,
,

Section-1: Applicant Particulars

occion 1. Applicant i	- ar cicaiai s		
Name of the Firm/ Company			
Registration Number	_	stering nority	Date of Registration
Registered Office Address:			
Contact Person Name and Designation			
Address for Correspondence			
Tel. No.		Fax No.	
Mobile No.		Email Address:	

DOC. NO. : COAG 9006 H.A.L CORPORATE POLICY DOCUMENT ON **ISSUE** : Nil UTILISATION OF THIRD PARTY **PAGE QA DEPT** : 17b OF 17 **INSPECTION SERVICES DATE** : 06.12.2018 **Section-2: Applicant Profile** 2.1 Type of Ownership: Individual Partnership Ltd. Company (Pvt./ Public) PSU/ Govt. Undertaking Research Institute Trust Joint Venture, Please specify (.....) Others, Please specify Please enclose copies of Income Tax Return (in case of Individual)/ Partnership Deed/ Articles & Memorandum of Association/ JV Agreement/ Certificate 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 17020 certification? Yes/No If yes, indicate category of approval and validity: (c) In case of certification by other accredited institutions, please give details: Institution Type of Certification Valid up to (date) (d) Give details of registration, if any, with: Class/ Type of Registration Company Dated Validity Number Registration HAL or its Divisions (Specify) **PSUs** Central/ State Govt. **Major Private Institutions** Others (Specify)

Attach necessary certificates from the registering authorities.

H.A.L
CORPORATE
QA DEPT
UTILISATION OF THIRD PARTY
INSPECTION SERVICES
DOC. NO. : CQAG 9006
: Nil
: Nil
: 17c OF 17
: 06.12.2018

2.3 Have you undertaken any inspection work from any of the HAL Divisions, in the past 3 years or presently?

Yes/ No

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

Name of HAL Division	Order number & Date	Brief description of Inspection Work	Date of completion of Order

2.4 Have you undertaken any inspection work for companies other than HAL in the past 3 years? Yes/ No

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

Name of the Company	Brief description of Inspection Work	Value in Rs.	Date of completion of Order

Please attach certificate of Work Completion as 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 shareholding in the Firm/ Company as the case may be

H.A.L
CORPORATE
QA DEPT
UTILISATION OF THIRD PARTY
INSPECTION SERVICES
DOC. NO. : CQAG 9006
: Nil
: Nil
: 17d OF 17
: 06.12.2018

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 Inspection personnel. Attach biographical data.

		Years of experience		Assignment/	
Position	Name	Qualifications	General Engg.	Aircraft Industry	Duties

2.8 Give details of Inspection Instruments/Equipment available

Instruments/ Equipment	Model/Make	Measurement Range	Quality	Accuracy achievable	Year of Purchase
1	2	3	4	5	6

2.9 Give a short write-up on Inspection Procedure including procedure for calibration of measuring instruments in practice in your organization.

CORPORATE QA DEPT	UTILISATION O	CUMENT ON OF THIRD PARTY N SERVICES	DOC. NO. ISSUE PAGE DATE	: CQAG 9006 : Nil : 17e OF 17 : 06.12.2018
Section-3: Financial	<u>Details</u>			
3.1 Annual Turnover	in the past 3 years:			
Year				
Annual Turn-over (R	s. Lakh)			
Profit/Loss Rs Lakhs)				
financial years	owing audited finar and place a tick m the appropriate doc	ark in the appropr	riate column as	•
Year				
Balance sheet				
Profit/Loss Statement	t			
all Third Party In operation is requ registration. The	autics Limited may spection Bodies appl uired to assist in the assessment report is	lying for registration, assessment process specifically for use b	, and for regular r . Failure to co-op	reviews. Your co- erate may affect
3.3 Bank(s) details:			treated as strictly	confidential.
3.3 Bank(s) details: Will you authorise you position, if required?			·	confidential.
Will you authorise you	ır Bank/s to supply H		·	confidential.
Will you authorise you position, if required? Name of Bank	ur Bank/s to supply H al Bank) & Branch		·	confidential.
Will you authorise you position, if required? Name of Bank (Scheduled Commercia Name and	ur Bank/s to supply H al Bank) & Branch		·	confidential.
Will you authorise you position, if required? Name of Bank (Scheduled Commercia Name and Designation of Contac	ur Bank/s to supply H al Bank) & Branch		·	confidential.
Will you authorise you position, if required? Name of Bank (Scheduled Commercial Name and Designation of Contact Address Tel No 3.4 Details of Incom	ur Bank/s to supply H al Bank) & Branch t Person:	AL with a reference	as to your financia	al Yes/ No
Will you authorise you position, if required? Name of Bank (Scheduled Commercial Name and Designation of Contact Address Tel No 3.4 Details of Incom Year	ir Bank/s to supply H al Bank) & Branch t Person: e Tax assessed, as pe	AL with a reference	as to your financia	al Yes/ No
Will you authorise you position, if required? Name of Bank (Scheduled Commercial Name and Designation of Contact Address Tel No 3.4 Details of Incom	ir Bank/s to supply H al Bank) & Branch t Person: e Tax assessed, as pe	AL with a reference	as to your financia	al Yes/ No

Attach copies of Income Tax Clearance Certificates for the past 3 years.

H.A.L		DOC. NO.	: CQAG 9006
CORPORATE	POLICY DOCUMENT ON	ISSUE	: Nil
QA DEPT	UTILISATION OF THIRD PARTY	PAGE	: 17f OF 17
-	INSPECTION SERVICES	DATE	: 06.12.2018

3.5 Tax / GST Details	3.5	Tax	/ GST	Details:
-----------------------	-----	-----	-------	----------

-	GSTIN:	
---	--------	--

- Details of Tax assessed, as per Clearance Certificate, in the last 3 years:

Year		
Amount Assessed (Rs. in Lakhs)		
Amount paid/ payable (Rs. in Lakhs)		

Attach copies of Tax Clearance Certificates for the past 3 years.

- 3.6 Have you ever been, whether in the capacity of sole trader, partner, company director, manager or company secretary, either:
 - i) Declared bankrupt or compounded with or made an assignment for the benefit of creditors?

 Yes/ No
 - ii) Engaged in the management of any company which has taken or had instigated against it any action resulting in the winding up of the company, being placed under official management or had a receiver and manager appointed? Yes/ No Note: If you have answered 'yes' to either (i) or (ii) above, please attach all relevant details. Failure to disclose any of the above matters may affect your registration.

Section 4 - Facilities/ Capabilities

- 4.1 If you own more than one unit, please give separate details for each unit as per Para 2.8.
- 4.2 Mark in the boxes below to specify the category/type of ground handling equipment and tools for which you have capability for measurement and testing and are willing to take up inspection work:

Category/	Tick (✓)	Category/	Tick (✓)	Category/	Tick (✓)
Type of Tool	if yes	Type of Tool	if yes	Type of Tool	if yes
Ground Handling Equipme	ent	Inspection Tools		Others	
Trolleys		Templates		'O' Ring Mould	
Jigs		Gauges		Plastic Mould	
Ladders		Cutting Tools		Slings	
Hydraulic Jacks		Single Point Tools		Wire Rope	
Assembly Jigs and fixtures		Countersink Tools			
Mandrels		Drills			
Wooden Tools		Counter bores			
Hand Tools		Reamers			
Rivet Snaps		Milling Cutters			
Rivet Squeezers		Taps			
Pliers		Dies			
Scissors		Broaches			
Pneumatic Guns		Lapping Tools			
Torque Wrenches		Press Too	ls		
Markers		Blanking			
Extractors		Piercing			
		Dies			

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

H.A.L		DOC. NO.	: CQAG 9006
CORPORATE	POLICY DOCUMENT ON	ISSUE	: Nil
QA DEPT	UTILISATION OF THIRD PARTY	PAGE	: 17g OF 17
	INSPECTION SERVICES	DATE	: 06.12.2018

4.3 Mark in the boxes below to specify the category/type of precision aeronautical components for which you have measurement and testing capability and are willing to take up for inspection:

Category/ Type of Parts	Tick (✓) if yes	Category/ Type of Parts	Tick (✓) if yes	Category/ Type of Parts	Tick (✓) if yes
Sheet Metal Component	S	Specific Components		Services	
Pressed Components		Fasteners		Quality Auditing	
Extruded / Drawn		Engine Discs		Independent	
Components		Shafts		Verification &	
Hot Formed		Gears- Bevel, Spur etc		Validation Software	
Components		Splines		Witnessing of testing	
Assemblies & Sub-assem	blies	Small Components		Of LRUs at the	
Aircraft Structural		such as brackets, Covers,		Manufacturing Level	
Assemblies – Riveted		adapters, Sleeves, Axles,		Carrying Out FAI and	
/ Welded		Levers etc.		Preparation of FAIR	
Mechanical		Machined Casings		at Sub-contractor's	
Assemblies		Rings/Springs		Special Process	
Pneumatic /		Valves, Atomizers,		Validation	
Hydraulic Assemblies		Nozzles etc.		Calibration	
Fuel Actuating		Metallic Tanks		Inspection /testing	
Cylinders		Non- Metallic Components	s	Instruments	
Pipe Lines		Moulded Components		Measuring Gauges and	
Soldered Components		Rubber Components		timers used on prod	
Machined Components		Fibre Glass/Perspex		Equipments	
Conventional		Components		Furnace & pyrometry	
Machined Components		Acrylic		Non-Destructive Test	ting
CNC Machined		Composite Parts		Penetrant Inspection	
Components		Heat-treated Parts		Ultrasonic Inspection	
Electronic Assemblies		Surface-treated Parts		Eddy current Inspection	
PCB Assemblies		Castings & Forgings		Radiography	
Looms				Magnetic Particle	
Cables				Inspection	

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

4.4 List total value of Inspection work performed in the last three years

Year		
Value of inspection work performed (R	s in Lakhs)	

4.5 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

H.A.L CORPORATE QA DEPT UTILISATION OF THIRD PARTY INSPECTION SERVICES DOC. NO. : CQAG 9006 : Nil : Nil : 17h OF 17 : 06.12.2018

otherwise prevented from bidding or taking up any inspection work?

Yes/No

If yes, state the Order and the basis for the action.

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

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 the requirements specified in Policy Document on Utilisation of Third Party Inspection Services No. CQAG9006 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 inspection facilities
 - h) I/We accept and agree the following condition of the engagement as TPI with HAL: DGAQA reserves the right to
 - (i) Have unrestricted access to the premises and relevant documents/ records of TPI and vendor for conducting audit/ Joint audits.
 - (ii) Impose punitive action against the TPI/ Approved inspector in case of non-compliance, lapses and/or fall of standards in performance. The punitive actions on approved TPI /inspector include endorsement of lapses/failure, suspension and termination of approval.

	approved TPI /inspector include endorsement of lapses/failure, suspension
	termination of approval.
2.	I/ We enclose herewith a pay order/ banker's draft numberdrawn on
	Bank for Rs. 100/- as processing fee, which is non-refundable.
	Signed:
	Name:
	Position:
	Date:
	Date the of account by Life and the control of Albania and Albania
	Details of person holding the power of Attorney (If different from above)
	<u>Details of person holding the power of Attorney (If different from above)</u> (Attach attested copy)
	(Attach attested copy)
	(Attach attested copy) Name
	(Attach attested copy) Name Position
	(Attach attested copy) Name Position Tel No. ()

Official Seal