



New Supplier Registration (PQQ – Preliminary Qualification Questionnaire fill up)

Step 1 : Open Reliance Supply Chain Management (SCM) home page .

Site URL <http://scm.ril.com> click on New Supplier Registration link.

The copyright of this document is vested in Reliance Industries Ltd, Mumbai. All rights reserved. Neither the whole nor any part of this document may be reproduced, stored in any retrieval system or transmitted in any form or by any means (electronic, mechanical reprographic, recording or otherwise) without the prior written consent of the copyright owner



Step 2: Guidelines / prerequisites for filling new supplier registration form displayed. Click on Next.

Guidelines for new supplier registration form fill up	
Home	Next
<p><input type="checkbox"/> For Indian Supplier (Material Supplier)</p> <p>1. Select any category(s) from the drop down list of material</p> <p>2. Mandatory fields are marked with asterisk (*)</p> <p>3. Mandatory documents are</p> <p style="padding-left: 40px;">(a) PAN No. Proof</p> <p style="padding-left: 40px;">(b) Address Proof</p> <p><input type="checkbox"/> For Indian Supplier (Services Supplier)</p> <p>1. Select any category(s) from the drop down list of services</p> <p>2. Mandatory fields are marked with asterisk (*)</p> <p>3. Mandatory documents are</p> <p style="padding-left: 40px;">(a) PAN No. Proof</p> <p style="padding-left: 40px;">(b) Address Proof</p> <p style="padding-left: 40px;">(c) Service Tax Registration No. Proof</p> <p style="padding-left: 40px;">(d) EPF Proof</p> <p><input type="checkbox"/> For Foreign Supplier (Material Supplier)</p> <p>1. Select any category(s) from the drop down list of material</p> <p>2. Mandatory fields are marked with asterisk (*)</p> <p>3. Mandatory documents are</p> <p style="padding-left: 40px;">(a) Address Proof</p> <p><input type="checkbox"/> For Foreign Supplier (Services Supplier)</p> <p>1. Select any category(s) from the drop down list of services</p> <p>2. Mandatory fields are marked with asterisk (*)</p> <p>3. Mandatory documents are</p> <p style="padding-left: 40px;">(a) Address Proof</p> <p style="padding-left: 40px;">(b) Service Tax Registration No. Proof</p>	
Copyright © 2008 Reliance Ind. Ltd., All Rights Reserved	



Step 3: Select category then click on add/update button for adding registered address and dispatch location.

Request for Vendor Registration

Select Category Print PreView

Material: Admin, Chemicals & Catalyst, Civil, Electrical, Fire & Safety, Instrumentation, Marine, Mechanical, Packaging, Scrap

Services: Admin, Civil, Electrical, Hiring, Instrumentation, Marine/Shipping, Mechanical, Operations, Transportation

Registered Address / Dispatch Location

Registered Address / Dispatch Location Details Add / Update

Step 4: Enter registered location/ dispatch location details. Click on add button.

Request for Vendor Registration

Select Category Print PreView

Material: Admin, Chemicals & Catalyst, Civil, Electrical, Fire & Safety, Instrumentation, Marine, Mechanical, Packaging, Scrap

Services: Admin, Civil, Electrical, Hiring, Instrumentation, Marine/Shipping, Mechanical, Operations, Transportation

Registered Address / Dispatch Location Details Add Close

S No	Address Type	Comany Name	Address	City	PIN Code	Delete	Update
1	Registered Address	MY COMPANY	REG-123 , LANE -10, OLD REV. ROAD	PURI	129018	Delete	Edit
1	Dispatch Location	MY COMPANY	REG-123 , LANE -10, OLD REV. ROAD	PURI	129018	Delete	Edit

Address Details

Title * M/S
Country * INDIA
Region * ORISSA
City * PURI
PIN * 129018

Company Name * MY COMPANY
Registered Address * REG-123 , LANE -10, OLD REV. ROAD

Communication Details

Phone No 1(With ISD/STD codes)* 0222850125
Pone No 2(With ISD/STD codes)
Pone No 3(With ISD/STD codes)
Pone No 4(With ISD/STD codes)
Email Address 1 * SUSANTA.GHOSAL@RIL.COM
Email Address 2
Email Address 3
Fax No(s) (With ISD/STD codes)

Sales Tax Details

LST No(Sales Tax No/VAT No/TIN No) * 123456
CST No(Central Sales Tax No) * 123456

Excise Details

Excise Tax indicator for Vendor: NIL EXCISE
CENVAT: NO
Are you an excise registered supplier? If yes, please provide Excise Duty Registration Number
Excise Control Code Number
Excise Collectorate
SSI Status of Vendor: Select
Excise Range
Excise Division
Excise Range Address 1
Excise Range Address 2



Step 5: Fill the remaining data and upload required files.

Request for Vendor Registration			
Select Category			Print PreView
Material	Admin	Chemicals & Catalyst	Civil
	Electrical	Fire & Safety	Instrumentation
	Marine	Mechanical	Packaging
	Scrap		
Services	Admin	Civil	Electrical
	Hiring	Instrumentation	Marine/Shipping
	Mechanical	Operations	Transportation
Registered Address / Dispatch Location			
Registered Address / Dispatch Location Details			Add / Update
Company Profile			
Nearest Airport	MUMBAI	Nearest Port of Loading	MUMBAI
Nature of Business *	Manufacturing Unit	Industry Segment *	Large Scale
Contact Person Name *	SUSANTA GHOSAL	Contact Person Telephone Number (With ISD/STD codes)	9967515250 Eg: +91-22-67682351
Contact Person Address	RCP, 7B/FF/WS-135	Contact Person Mobile Phone	9967515250 Eg: +91-9965122250
Contact Person Email Address	SUSANTA.GHOSAL@ZMAIL.RIL.COM	Contact Person Fax No (With ISD/STD codes)	022-44783756 Eg: +91-22-67682351
Home Page URL	HTTP://MYCOMPHOMEPAGE.COM	D & B D-U-N-S Number(Dun and Bradstreet nine digit identification number)	
National Small Scale Industries Registration Number		Small Scale Industries Registration Number	
Year of Incorporation *	1998	Registration No *	1234567
Enter PAN No *	ABCDE9876T Eg:XXXXX1234X	Ownership Information *	Proprietary
ISO-9001-2000 Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No	ISO 14000 Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No
OHSAS-18000 Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No	Any Other Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No
Payment Term			
Preferred Bank(s)	SBI	Preferred Payment terms	
Details of Associated and Sister Concerns,if any Add New (Sister Concerns)			
Name		Product	
Customer		Special Tax Exemption(s)/Benefit (s) Available	<input type="radio"/> Yes <input type="radio"/> No
Business Related Information			
Details of Final product		Per Annum Capacity	
Capacity utilization %		Major Customers	



B2B With Reliance

Are you willing to access Reliance Group SCM system www.scm ril.com for Electronic RFQ ,submitting Electronic Quote, accepting Electronic POs/WOs, uploading dispatch details etc? Yes No

Existing Relationship with RIL

Do you have an existing relationship with any of the RIL Group sites? Please indicate the site(s) below .

Patalganga Hazira Jamnagar Baroda Nagothane Gandhar Others

Other site

To Which of the Following Reliance Group sites are you willing to supply ?

Patalganga Hazira Jamnagar Baroda Nagothane Gandhar Others

If you have supplied Materials / Services to RIL Group on prior occasions, then please describe your relationship and experience with RIL as a customer.

Upload Related Information

I hereby confirm that I am making this vendor creation request on the basis of receipt of hard copies of the following selected documents and are in my custody for reference and audit.

- Vendor Name / Address / Pan No (Eg. Letterhead / Bill / Invoice / Challan)
- ECC / SS Indicator / Jurisdiction Address (Eg. Excise Invoice / Details of Letterhead)
- Service Tax Reg No (Eg. ST Registration Certificate / Invoice / Bill)
- LST / VAT TIN / CST/ EPF / ESIC (Eg. Vendor Bill / Invoice Copy / Self certified details on Letterhead)
- E-Payment
 - HDFC / ICICI / CITI Banks [Download Format](#)
 - E-Payment other Banks [Download Format](#)

Please Upload The File With File Size Less Than 8 MB

Registered Address Proof MY COMPANY *	<input type="text"/>	Browse...	<input checked="" type="checkbox"/>
Registered Address LST / CST Proof for 123456 / 123456 *	<input type="text"/>	Browse...	<input checked="" type="checkbox"/>
Address Proof for MY COMPANY (Dispatch Location 1) *	<input type="text"/>	Browse...	<input checked="" type="checkbox"/>
LST / CST Proof for 123456 / 123456(Dispatch Location 1) *	<input type="text"/>	Browse...	<input checked="" type="checkbox"/>
Attach PAN No. Proof *	<input type="text"/>	Browse...	<input checked="" type="checkbox"/>
Attachment for e-Payment	<input type="text"/>	Browse...	<input type="checkbox"/>
Attach ECC No/SS Indicator/Jurisdictional Address	<input type="text"/>	Browse...	<input type="checkbox"/>
Attach Other Details	<input type="text"/>	Browse...	<input type="checkbox"/>

File Uploaded: 5

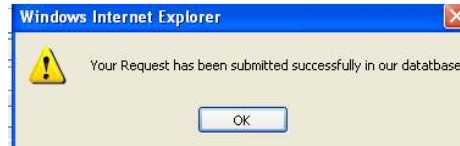
Attachment For	File Name	File Description	Submitted On	View	Delete
Registered Address	TESTDOC.TXT	Registered Address LST / CST Proof	13-NOV-09 16:18:46 PM	View	Delete
Registered Address	TESTDOC.TXT	Registered Address Proof	13-NOV-09 16:18:46 PM	View	Delete
Registered Address	TESTDOC.TXT	PAN Proof	13-NOV-09 16:18:46 PM	View	Delete
Dispatch Location 1	TESTDOC.TXT	Address Proof	13-NOV-09 16:18:46 PM	View	Delete
Dispatch Location 1	TESTDOC.TXT	LST / CST Proof	13-NOV-09 16:18:46 PM	View	Delete

Declaration

DECLARATION All the details provided in this questionnaire are correct and up-to-date as per the best of our belief and knowledge. We understand that we are liable for any dispute arising out of any discrepancy in the details provided here and take full responsibility for the same, if, as and when arises.

Name *	<input type="text" value="SUSANTA GHOSAL"/>	Designation *	<input type="text" value="SALES PERSON"/>
Date	<input type="text" value="13-NOV-2009"/>	Location *	<input type="text" value="MUMBAI"/>

Draft PIN No: GLQ347017745



Step 6: Click on draft button if form is not yet complete, it will generate a draft PIN No so that all the saved data can be accessed. Once form is complete click on SUBMIT button.