



Government of India  
Ministry of Railways  
Research Designs & Standards Organisation  
Manak Nagar, Lucknow-266011

**WAGON DIRECTORATE**

**APPLICATION FORM FOR REVALIDATION/ENHANCEMENT OF EXISTING CERTIFICATE UNDER G 105 STANDARDS**

**Important:** Use separate application form for each manufacturing works

**SECTION I : GENERAL DETAILS**

|   |  |
|---|--|
| Category of Wagons for which revalidation is sought (Please see the G 105 standard & existing G 105 certificate). |  |
| Name of the Firm  |  |
| Office Address  |  |
| Telephone No.   |  |
| Fax No.   |  |
| E-Mail  |  |
| Work Address  |  |
| Name of MD/CEO/Proprietor   |  |
| Details of Contact Person   |  |
| Name of Contact Person  |  |
| Designation   |  |
| Mobile Number   |  |

**SECTION II : FACTORY DETAILS**

|  |  |
|--|--|
| Description of Works   |  |
| Total land area (in sq. m.) all units                            |  |
| Total covered area ( in sq. m.) all units                        |  |
| Description of Manpower  |  |
| No. of persons employed  |  |
| Managerial   |  |
| Supervisory  |  |
| Skilled Artisan  |  |
| Unskilled Artisan  |  |
| Daily hour of working  |  |
| Weekly closing if any  |  |
| Plans for future expansion, if any                               |  |
| Annual Production capacity of the Item                           |  |
| Whether firm is registered under Indian Factories/Companies Act. |  |

|   |  |
|---|--|
| GST Number  |  |
| Annual turnover of the firm for the last two financial years (Details from the audited balance sheet shall only be furnished) |  |

**SECTION III : PAST PERFORMANCE**

|  |  |
|--|--|
| Whether another unit/factory of the firm is already registered with RDSO for supply of any other categories of stores/components. If yes, please indicate registration no., description & Drg. No. of stores for which it registered |  |
| Details of important orders executed/in hand since last G 105 certification to be furnished as per annexure A,B & C.   |  |

**SECTION IV : WARRANTY COMPLIANCE**

|  |  |
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| Whether firm is maintaining a proper record of warranty complaints/ in service failure and other general complaints. |  |
| Details of warranty failures complied / pending as on date   |  |
| Number of warranty failures reported from last quality audit/ fresh registration                                     |  |
| Number of warranty claims complied   |  |
| Number of warranty claims pending on date (Attached sheet giving details)  |  |

**SECTION V : DETAILS OF ANNUAL VERIFICATION AUDIT**

|   |  |
|---|--|
| Subject of Annual verification audit  |  |
| Period of Annual verification audit   |  |
| If any NCR was generated during such audit the details of action taken report to be furnished |  |

**SECTION VI : ISO CERTIFICATION OF WORKS**

|   |  |
|---|--|
| Date of obtaining current ISO:9001 certification                                |  |
| Validity of certificate   |  |
| Certification agency  |  |
| Whether the scope cover the item under approval                                 |  |
| Other certificates pertaining to Quality/ environment/health/safety etc. if any |  |

**SECTION VII : DETAILS OF DIGITAL SIGNATURE**

|                           |  |
|---------------------------|--|
| Name of certifying agency |  |
| ID of the holder          |  |
| Date of issue             |  |
| Validity                  |  |

**SECTION VIII : DOCUMENTS TO BE ATTACHED**

|   |  |
|---|--|
| Whether firm is applying for capacity enhancement of already approved wagons. State Yes or NO   |  |
| In case of YES, QAP as per annexure I and self-compliance of Annexure II and Annexure III of G 105 to be furnished  |  |
| In case of NO, deviation from last approved QAP as per annexure I and requirements as per annexure III of G 105 to be furnished   |  |
| Copy of ISO certificate (9001 & 14001)  |  |
| Copy of Digital Certificate   |  |
| Copy of latest Electricity Bill (Not more than 6 months old)  |  |
| Copy of Factory license for SSI / NSIC  |  |
| Copy of Ownership of the factory (Lease/ partnership Deed or Memorandum of Article of Association). (If the original is in other than Hindi/ English language, translated copy of the notarized document shall be attached)<br><b>*only first two pages &amp; last two pages shall be scanned and sent.</b> |  |

Signature of the authorized personnel with Office Stamp

Name

Date



**Category – II: Tank and Special Purpose Wagons**

| S. No. | P. O. No., Date & Delivery Period | Consignee (Indian Railway, Central government, State government, Private, Undertaking, Foreign etc.) | Quantity Ordered | Quantity Supplied | Whether supplied within DP | Remarks |
|--------|-----------------------------------|--|------------------|-------------------|----------------------------|---------|
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**Category - III: Covered Wagons**

| S. No. | P. O. No., Date & Delivery Period | Consignee (Indian Railway, Central Government, State Government, Private, Undertaking, Foreign etc.) | Quantity Ordered | Quantity Supplied | Whether supplied within DP | Remarks |
|--------|-----------------------------------|--|------------------|-------------------|----------------------------|---------|
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