

DIVINE MACHINES PVT. LTD.

REGD. OFFICE:
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INQUIRY SLIP

NAME OF COMPANY : _____

ADDRESS : _____

PHONE : _____ FAX : _____

TELEX : _____ GRAM : _____

CONTACT PERSON : _____

DESTINATION : _____

MACHINES OF INTEREST

NAME OF MACHINE

DETAILS

- 1. ROLL FORMING MACHINE
- 2. SLITTING LINE
- 3. CUT TO LENGTH LINE
- 4. ANY INDIVIDUAL MACHINE OF LINE
- 5. COLD ROLLED METAL SECTIONS

Please enclose a Sketch and fill the questionnaire overleaf.
Please fill the questionnaire overleaf.
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Please specify Machine and its purpose.
Please enclose Sketch, Material & Quantity.

Please tick v response you envisage from DIVINE.

- We wish to finalize immediately. Please depute your representative.
- We require quotation to approach financial institute. Please send us quotation.
- We wish to have details for our future expansion program. Please send us details.
- We wish to have details for our study only. Please send us details.

QUESTIONNAIRE FOR DETERMINATION OF APPROPRIATE ROLL FORMING LINE

- 1. Type of material to be formed : _____
- 2. Machine required for only one Profile or More : _____
- 3. Please enclose drawing/ sample of profile indicating
Dimensions, tolerance, finish required and relevant data : _____
- 4. Material hardness – range : _____
- 5. Maximum and minimum thickness of material : _____
- 6. Maximum width of material (app.) : _____
- 7. Material to be feed in coil or sheet form : _____
- 8. Accuracy/ tolerance permissible in profile : _____
- 9. Material output requirement in Mtr/Min or Pcs/shifts : _____
- 10. Machine working hours (8, 12 or 16 Hours) : _____

11. Specify if profile is to be prepunched, form-filled, Interlocked, welded. : _____
12. Output required in form of straight – cut to length - radius Bent – in coil form – any special form. : _____
13. State if any following equipment required
Decoiler, Coil Leveler, Prepunching Press with feed Unit, Loop Controller, Fly Shear, Circular Saw Cut off Unit, Runout Table, Inline Folding Unit, Painting Unit, Profile Straightening Unit. : _____
14. Your specific requirement for the Machine : _____

QUESTIONNAIRE FOR DETERMINATION OF APPROPRIATE COLD ROLLED METAL SECTIONS

1. Enclose sketch, drawing, samples of profile you wish to procure : _____
2. Indicate material type required : _____
3. Indicate monthly or per batch requirement. (in Kg. or mtr.) : _____
4. Specify surface finish whether plain, primer coated, painted, Powder coated. : _____
5. Specify testing method of profile : _____
6. Specify duration of contract for supply you wish to finalize : _____

QUESTIONNAIRE FOR DETERMINATION OF APPROPRIATE SLITTING LINE

1. Type of material to be slitted & its specification : _____
2. Material hardness (Please indicate range) : _____
3. Maximum width of coil to be slitted : _____
4. Max. & Min. thickness of coil to be slitted : _____
5. Coil O.D. & I.D. : _____
6. Max. weight of coil to be slitted : _____
7. Material to be feed in coil or sheet form : _____
8. Accuracy/ tolerance permissible in slit : _____
9. Max. & Min. width of slit : _____
10. Material output requirement (Indicate in Mtr./Min or Kg./Shift.) : _____
11. Machine working Hours (8, 12, 16 Hrs.) : _____
12. Max. number of cuts required simultaneously. : _____
13. De-coiler driven or non driven : _____
14. If you require with cutter and spacers or not. Please specify width & thickness (c) of your required range (o) : (c) _____ (o) _____
15. Your specific requirement in Machine : _____
16. What level of automation you wish to incorporate in Line. (Please tick v appropriate block)
 - Master Coil handling through Coil-Car (c) or your Overhead Crane (d) : c: d:
 - De-coiler expansion manual (e) or Hydraulic (f) : e: f:
 - Do you wish initial drive for De-coiler with Peeler Table : Yes No
 - Cutter Setting required manually (m), twinhead Smivel Type (s) or Microprocess or based auto cutter setting (c) : m: s: c:
- For the slitted coils turntable required? : Yes No

QUESTIONNAIRE FOR DETERMINATION FO APPROPRIATE CUT – TO – LENGTH LINE

1. Maximum coil width : _____
2. Max./Min. coil thickness : _____ / _____
3. Max. weight of coil : _____
4. I.D./ O.D. of coil : _____ / _____
5. Mechanical condition of coil, - Whether conical shaped, edges damaging, Elliptical centred due to handling occurs. : _____

6. Whether edge trimming required	:	_____	_____
7. Tolerance permissible	:	_____	_____
- On length of cut	:	_____	_____
- On flatness of sheet	:	_____	_____
- On rectangle cut	:	_____	_____
8. Whether to be used in-line	:	_____	_____
(a) punching stations	:	_____	_____
(b) Slitting stations	:	_____	_____
(c) Roll Forming Station	:	_____	_____
(In such case, submit drawing/ dimensions of the Component)	:	_____	_____
9. Output required in terms of	:	_____	_____
- Mtr./ Minute	:	_____	_____
- Tons/ Shift of 8 hours	:	_____	_____
10. Machine working Hours (8, 12, 16 hrs)	:	_____	_____
11. Please specify level of automation required in line.	:	_____	_____
(Please tick v appropriate block)	:		
Master coil handling through Coil-Car (c)	:	c: <input type="checkbox"/>	d: <input type="checkbox"/>
or your Overhead Crane (d)	:	e: <input type="checkbox"/>	f: <input type="checkbox"/>
De-coiler expansion manual (e) or hydraulic (f)	:		
Do you wish initial drive for De-coiler with Peeler Table.	:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Shearing station required stationery (s) (Start/Stop Line)	:	s: <input type="checkbox"/>	<input type="checkbox"/>
or Flying type (Inline Fly Shear) (f)	:		