

Military Combat Parachute System

ADRDE has developed 'Military Combat Parachute System (MCPS)' as per JSQR No: 1670-1 (revised in 2022) for the Tri Services and Special Frontier Force. Military Combat Parachute System (MCPS) is a mode of insertion used by SF to penetrate paratroopers with combat load into designated area of operations. MCPS allows Paratroopers to jump from an aircraft and deploy their Parachutes at pre-determined Altitude, Navigate and Land Safely. MCPS system can be used in High Altitude High Opening (HAHO), High Altitude Medium Opening (HAMO) & High-Altitude Low Opening (HALO) modes as required for the particular scenario. The parachute system has been designed as per international standard and qualification test schedule (QTS) has been prepared in line with Parachute Industry Association (PIA) and approved by Centre for Military Airworthiness and Certification (CEMILAC). Accordingly, various qualification of system was carried out. Based on CEMILAC has accorded the certification of various system of MCPS.

1 MCPS Configuration

SI No	System Details	Design Agency
A.	Parachute System	ADRDE
i.	Main Canopy Assembly	
ii.	Reserve Canopy Assembly	
iii.	Container with Harness	
iv.	Carrying bag	
v.	Automatic Activation Device (Military)	
vi.	Double Deployment Bag for Static Line (DDBSL)	
vii.	Bottom of container throw out pilot chute (BOC) components	
viii.	Oxygen pocket	
ix.	Radio/ Communication Pocket	
x.	HAHO seat	
xi.	Ruck Sack/PDB	
xii.	Satellite Navigation System	
xiii.	Magnetic Compass	
xiv.	Altimeter	
B.	High Altitude Oxygen Breathing System	DEBEL
C.	Navigation Equipment	ADRDE
D.	Individual Gear	DEBEL



Interested industries are requested to forward their Expression of Interest (Eoi) (with attachments of supporting documents) to **Director, Aerial Delivery Research and Development Establishment (ADRDE)** with a copy to Director DIITM, DRDO HQ (no attachments are required to be forwarded to DIITM) on following address:-

Director

Aerial Delivery Research and Development Establishment (ADRDE)

PO Box 51, Station Road

Agra Cantt - 282001

Phone : 0562 – 2258200/201

Fax : 0562-2251677/2258203

E-mail : director.adrde@gov.in

Copy to

Director

Directorate of Industry Interface & Technology Management (DIITM)

Room No 447, DRDO Bhawan, DRDO HQrs, Rajaji Marg, New Delhi – 110011

Phone: 011-23013209/ 23015291

Fax: 011-23793008

Email: diitm.hqr@gov.in

All industries interested in seeking ToT are requested to apply in the format given below. Kindly fill in the fields. The list of documents to be attached is provided in Annexure – I. Kindly provide the reference of page no. of supporting document in the relevant field of form.

PART-1

General Information

(Please enclose documents in support of information provided)

1.	Name of the Technology requested for Technology Transfer (Technology name and concerned Lab, Category)	
2.	Name of the industry/ organization	
3.	Complete Address and other details	
	Registered Office State Phone No Fax Email Website	
	Factory State Phone No Fax Email Website	
6.	Point of Contact Name Designation Address Mobile No Ph No Email ID	
7.	NAME OF CMD/ MD /PARTNERS/ PROPRIETOR/ etc Name Designation Address Mobile No Ph No Email ID	
8.	Date of Incorporation of company	
9.	Foreign Direct Investment in company (if any in %)	
10.	Shareholding pattern	
11.	Turn over as per Audited Balance Sheet for the	

	<p>preceding three years.</p> <p>Year _____</p> <p>Year _____</p> <p>Year _____</p>	
12.	<p>Annual budget for R&D during last three years (if any)</p> <p>Year _____</p> <p>Year _____</p> <p>Year _____</p>	
13.	<p>Income Tax returns for the preceding three years period</p> <p>Year _____</p> <p>Year _____</p> <p>Year _____</p>	
14.	<p>Nature of company</p> <p>DPSU, Private Limited, Public Limited, Partnership, Proprietary, Ex- Serviceman Unit</p>	
15.	<p>Category of industry</p> <p>Large Scale, Medium Scale, Small Scale, Micro, Startup</p>	
16.	<p>MSME Registration No</p>	
17.	<p>Certificates of registration as a manufacturing unit, if any.</p>	
18.	<p>If Startup, DPIIT Registration No</p>	
19.	<p>UDYOG AADHAR No</p>	
20.	<p>PAN Number</p>	
21.	<p>Details of Industrial license for defence manufacturing issued by DPIIT (if any)</p>	
22.	<p>Details of PESO license (if any)</p>	
23.	<p>GST Number</p>	
24.	<p>Nature of business</p> <p>Manufacturing/ Sole Selling or Authorized Agent/ Assembler/ Traders/ Dealer/ Processor/ Repacker/ Others</p>	
25.	<p>Details of current products and services</p> <p>Products and services Supplied (please specify Govt/ Domestic market/ Export)</p>	
26.	<p>Record of past performance</p> <p>(e.g., Supply orders executed against of Ministry of Defence orders, Public Sectors and Paramilitary Forces, if any).</p>	
27.	<p>Details of registration with</p> <p>NSIC / SSI, DGS&D, other Defence Department, other Govt. Dept, membership of</p>	

	FICCI/ASSOCHAM/CII or other Industrial Association (Attach relevant copies of registration letters)	
28.	Have you already taken any technology from DRDO (If yes, give details attaching separate sheet) Name of the Technology, Lab, Year, License number & Status	
29.	ISO/ ISI certification or any other certification (If yes, give details)	
30.	Relevant clearances form the authorities/ ministries (if any)	
31.	Capacity and capability to undertake developmental work and to accept attendant financial and commercial risks.	
32.	Capacity/capability to market the product through the marketing network, sales and service network, reliability to maintain confidentiality.	

PART-2

Infrastructure and other Information

1.	Total area of factory Covered (m ²), Uncovered (m ²), Bonded space available (m ²)	
2.	Ownership of factory Self-owned, partnership, rental	
3.	Electric power Sanctioned Installed Standby (if any)	
4.	Availability of adequate infrastructure (List of machines and their production capacities) and technical expertise	
5.	Name of bank & A/c No Name of bank	

	A/c type A/c no Address of the bank Phone: Email:	
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6. Details of current products:

S.No	Type	Description	Licensed/installed capacity	Annual production for preceding 3 years

7. Details of foreign collaboration, if any

S.No	Product	Name and address of collaborator	Year	Remarks

8. Details of products developed for services

S.No	Nomenclature of stores	Order No. and date	Remarks

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9. Please give details of important facilities & infrastructure as per following format for:

- (a) Production
- (b) Unconventional, special m/c
- (c) Testing & quality control facilities

S.No	Description of m/c	Make & model	Qty	Date of purchase	Remarks

10. Furnish the following details with relevant certificates and documents

- (a) R&D facilities available
:
- (b) Inspection quality control of raw material components :
- (c) Assistance from central agency for testing / calibration etc.
:
- (d) laboratory and drawing office facility
:

11. Principal customers:

S. No	Name & address	S.O No and date	Date of last supply	Products supplied http://s://xdt.drdo.in	Value

12. Future plans (if any) in respect of expansion programme/ installation of additional machines/ test facilities etc.

13. Name of the technology requested for transfer

- (give self-assessment of your capability to absorb the technology)

14. Details of employee as on date on firm's pay roll

PERMANENT				
Category	Post Held	Number	Qualification	Total Service
Technical	Prod. Manager Q.C. Manager Supervisor Testing Staff (QC) Skilled workers Unskilled workers, etc			
Administrative	Purchase Manager Accounts Officer Office Superintendent Clerical Others, etc			

TEMPORARY				
Category	Post Held	Number	Qualification	Total Service
Technical	Prod. Manager Q.C. Manager Supervisor			

	Testing Staff (QC) Skilled workers Unskilled workers, etc			
Administrative	Purchase Manager Accounts Officer Office Superintendent Clerical Others, etc			

DECLARATION :

I / we confirm that the information furnished in Part 1 & 2 above is correct. In the event of any information given by me / us is found incorrect / false at any time, I / we understand our EoI for ToT will be cancelled/ rejected without notice, beside any other appropriate action against me / us.

Industry seal

Authorized signatory

Name(s) in capital

Designation and seal of authorized signatory

Date:

Place: