

ARAVINDH HERBAL LABS (P) LTD

SUPPLIER REGISTRATION AND APPROVAL FORM

Name of the Supplier:

Address : Office Godown

Phone :

Fax :

E-Mail : Website:

3. TIN Number : Date :

4. CST Registration Number : Date :

5. Type of supplier : Manufacturer/Authorized Distributor / Dealer / Retailer/ Service Provider

6. Type of Firm : Public Limited/Private Limited/Partnership/Proprietary

7. Sister Concerns if Any :

8. Details of Present Reputed Customers :
(Attach separate sheets if required)

9. Product available :

10. Whether Sufficient Machineries are Available(Yes or No) :

11. Whether Periodic Testing & Measuring are performed(Yes or No):

12. Whether Sufficient Manpower is Available to supply the materials on time(Yes or No):

13. Whether Sufficient transport facilities are provided(yes or No) :

14. Contact Person: Phone number:

Authorized Signature with seal

OFFICE USE ONLY

Basics of approval of the supplier

Based on Sample Received From Party & Qc Checking as per Qc Check list

Based on Quality Based on Direct Investigation Based on Market Reputation

CONCLUSION : Approved/Provisional Approval/ Rejected

Date: Authorized Signatory