



ARAVINDH HERBAL LABS (P) LTD

SUPPLIER REGISTRATION AND APPROVAL FORM

1. Name of the Supplier:

2. Address : Office Go down

Phone :

Fax :

E-Mail :

Web site:

3. TIN Number : Date :

4. CST Registration Number : Date :

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

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

8. Sister Concerns if Any :

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

10. Product available :

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

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

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

14. Whether sufficient transport facilities are provided (Yes or No) :

15. 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