

HLL LIFECARE LIMITED  
PEROORKADA FACTORY, THIRUVANANTHAPURAM  
PURCHASE DEPARTMENT

**QUESTIONNAIRE FOR SUPPLIER DEVELOPMENT**

**NAME OF PRODUCT:**

- 1) Furnish briefly the particulars & name of your Organizational status:
  - a) No. of employees :
  - b) Annual turnover :
  - c) Specify whether SSI / MSME unit (g) If Yes, pl specify if your unit is owned by : SC/ST entrepreneur
- 2) Do you have a Quality Control department. If yes, give the details of the facilities. : Yes/No
- 3)
  - a) Do you have inspection for incoming materials : Yes/No
  - b) Do you have in process inspection facilities : Yes/No
  - c) Do you have final inspection of the product : Yes/No
- 4) (a) Would you issue Conformance Certificate, if yes please furnish a copy of the same : Yes/No  
(b) If yes, please specify (ISI/ISO/Any Other)
- 5) Do you have any accreditation : Yes/No
  - (a)ISO 9000
  - (b)Any National/International Laboratory/Authority CertificationIf 'Yes', give details along with a copy of certificate issued by them.
- 6) Do you have an environmental policy / ISO 14001 certification? : Yes / No  
If yes, please give the details.
- 7) Furnish the details of testing facility with details of testing equipments.
- 8) Have you been assessed previously by HLL : Yes/No

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9) List of customers

- a) Governmental
- b) Non Governmental

10) Have you furnished the sample along with this format : Yes/No

Place : **NAME AND SIGNATURE OF THE SUPPLIER**  
Date : Office Seal)

This is to be filled up by **HLL LIFECARE LIMITED**,  
THIRUVANANTHAPURAM

Recommendation/Remarks of the committee

Committee Members:

- 1.Head of QA/Head of Technical Services and Material Testing
- 2.Head of User Department
- 3.Head of Purchase Department

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**QUESTIONNAIRE**

**(General information of the manufacturer / supplier)**

1. Name & Address of the Supplier with :  
(a) Telephone No.  
(b) Fax No.  
(c) E-mail Address  
(d) Name of contact person  
(e) Whether proprietary/partnership/  
Limited company.  
(f) Specify whether SSI / MSE unit  
(g) If Yes, pl specify if your unit is owned by :  
SC/ST entrepreneur
2. How many years have you been in the :  
business of manufacturing/selling?
3. What is your annual production capacity :
4. Indicate the quantity you can supply HLL :  
per month
5. What would be the minimum period :  
required to deliver the ordered quantity  
from the date of confirmed purchase  
order?
6. Have you been a supplier to any Condom :  
Manufacturer, if so give details of the  
name, address, quantity and values of  
orders received and executed during the  
last three year? (Attach separate sheet)
7. Kindly furnish the name and address of :  
the Transporter through whom the rejected  
material is to be returned on freight to pay  
basis (Ref. clause d of Schedule D)

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**QUESTIONNAIRE**

8. What is your Annual Turn Over during the :  
last 3 years?  
(Copy of P&L and Balance sheet to be attached.)
9. Details of tax registration :-  
a) CST No. :  
b) TIN No. and VAT No. :
10. Name & Address of your Banker(s) :
11. A/C no. & Swift Code :
12. Any other details :

All the information provided herein is true & correct.

PLACE:  
DATE :

NAME & SIGNATURE OF THE APPLICANT  
(WITH OFFICE SEAL)