

HLL LIFECARE LIMITED
PEROORKADA FACTORY, THIRUVANANTHAPURAM
PURCHASE DEPARTMENT

TITLE: SUPPLIER DEVELOPMENT FORMAT			Doc.No PUR-06/R1
Effective date: 01.08.2015	Next review date: JULY: 2017	Issue No.2 Rev No. 00	Page 1 of 2

QUESTIONNAIRE FOR SUPPLIER DEVELOPMENT

NAME OF PRODUCT:

- 1) Furnish briefly the particulars & name of your Organizational status:
 - a) No. of employees :
 - b) Annual turnover :

- 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 Certification
 If '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

Prepared by	Authorized By	Reviewed & Issued by
OFFICER (PURCHASE)	CO (PURCHASE)	MR

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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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