



To be filled by SFEL	
17	Visit or Audit necessary for manufacturing facilities & QMS? Yes <input type="checkbox"/> No <input type="checkbox"/>
18	If yes, attached visit / audit report ? Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Vendor Representative's visit to SFEL office? Yes <input type="checkbox"/> No <input type="checkbox"/>
19a	if yes Please mention details :-
20	Trial PO No. and Date :
21	Results of Trial Order :- Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
22	Selected as Vendor ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	if yes, mention approval form no. & add in approved supplier list
23	Remarks
	(Name & Designation) Signature Date