



INQUIRY REVIEW CHECK LIST

FORMAT NO. :
REV. NO. & DATE. :

DATE OF INQUIRY	INQUIRY RECEIVED UNIT	INQUIRY RECEIVED BY	RECEIVED BY MARKETING

INQUIRY DETAILS

INQUIRY NO.	:	
INQUIRY REFERENCE	:	
CUSTOMER NAME:	:	
PRODUCT NAME	:	
EXPECTED QTY	:	
DRAWING, IF GIVEN	:	
SCHEDULE	:	

SR.NO	INQUIRY CHECK POINT	STATUS YES NO	REMARKS

DESCRIPTION	COMMENTS	REVIEWED BY
TECHNICAL FEASIBILITY		
COMMERCIAL FEASIBILITY		

FOLLOW UP

SR.NO	CHECK POINT	REFERENCES

EXECUTIVE - MARKETING	APPROVED BY (MARKETING) - SIGN.
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