

# Out Sourced Service Provider Approval Form

Initiated Department		Date	
Name and Address with Contact Details			
Type of Service Provides			
Nature of Business			
<i>* Manufacturer / Authorised Dealer / Testing Lab. / Calibration Lab/ Other</i>			
Major Client Details			
Brief Details of Facilities			

Name of Company

# Out Sourced Service Provider Approval Form

System Procedures	
<i>* Fulfilment of Qualification criteria like Personnel, equipment &amp; approval of procedure /Test report etc./ Special Requirements (if any)</i>	
Approval Condition	
Say Yes, if applicable	
(1) Past Experience / Market Reputation / Authorized service Provider.	
(2) Delivery capability / Availability of infrastructure resources	
(3) Financial background / Cost of activity to the company / soundness.	
(4) System / Competency / Accreditation / certification.	
(5) Calibration Service / ISO 17025 Certified / NABL approved	
(6) Environment Health & Safety Awareness trained	
Office Used Only	
Approval Stamp	Approved for : Type of Service & Time Bound
Special instruction / Remarks (If Any):	
Note : Kindly Attach required Documents to enable further approval Process	
Approved by : Signature & Stamp	

Name of Company