

[Organization Name]			APPROVED LIST OF SUPPLIER		F/PUR/02	
			ISO 9001:2015		Issue Date-02-05-26	
A	External provider name	ADDRESS	Contact No./Contact Employees	External provider Evaluation	Material/Resource/service Purchased	Criteria of Selection
1						
2						
3						
4						
5						
6						
7						
8						
9						

Issue No-01

Prepared by
(M.R)

Approved by
(TOP MANAGEMENT)

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