**CATEGORY: CRITICAL / NON-CRITICAL**

**DATE:**

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| **S. No.** | **Name of the**  **Supplier and Address** | **Contact Information** | **Material** | **Remarks** |
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| **DESCRIPTION** | **PREPARED BY** | **REVIEWED BY** | **APPROVED BY** |
| **Name** |  |  |  |
| **Designation** |  |  |  |
| **Signature** |  |  |  |
| **Date** |  |  |  |