**Supplier Audit Schedule Document   
Year: Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Supplier  Manufacturer / Distributors** | **Place** | **Material** | **Scheduled Month** | **Completed On** | **Auditor Name** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Prepared By Approved By**

**Purchase Head/ Site QARA MR**

**Supplier Rating Document**

**Review Period : Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Supplier’s Name** | **Material Description** | **Lot Received** | **Lot**  **Accepted** | **Accepted**  **(%)** | **Quality Rating**  **(40 points)** | **Price**  **(10 points)** | **No of on time delivery** | **No of**  **Short delivery** | **Delivery**  **(30 points)** | **Service**  **(20 points)** | **Overall Score**  **(100 points)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Rating done by  Purchase Head / Site QARA | Approved By  MR |

**Approved Supplier List - Service Provider document**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the**  **Service Provider and Address** | **Contact Information** | **Description of Service** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **PREPARED BY** | **REVIEWED BY** | **APPROVED BY** |
| **Name** |  |  |  |
| **Designation** | Purchase Head | Site QARA | MR |
| **Signature** |  |  |  |
| **Date** |  |  |  |

**Approved Supplier List (Critical Non-critical) document**

**CATEGORY: CRITICAL / NON-CRITICAL**

**DATE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the**  **Supplier and Address** | **Contact Information** | **Material** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **PREPARED BY** | **REVIEWED BY** | **APPROVED BY** |
| **Name** |  |  |  |
| **Designation** |  |  |  |
| **Signature** |  |  |  |
| **Date** |  |  |  |

**Provider** **Supplier Registration Form document**

**SUPPLIER REGISTRATION CUM APPROVAL FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1. Supplier General Information** | | | | | | |
| 1 | Supplier`s Name | |  | | | |
| 2 | Address | |  | | | |
| 3 | Telephone Number | |  | | | |
| 4 | Tax Registration Number | |  | | | |
| 5 | E-mail Address | |  | | | |
| 6 | Web site | |  | | | |
| 7 | Contact Person | |  | | | |
| 8 | Manufacturing Location:  (If different/additional to above address) | |  | | | |
| 9 | Number of employees/staff  (Total company wide) | |  | | | |
| 10 | Nature of Business:  (Describe the products/service you intend to supply) | |  | | | |
| 11 | Product approvals, Type of approvals and certifications held by your company) | |  | | | |
| 12 | Is your company registered with local Government authorities?  (Attach supporting documents) | |  | | | |
| 13 | Provide a history of your company since its inception (Attach supporting documents) | |  | | | |
| 14 | Please provide details of your audited accounts for the past two years.(attach supporting documents) | |  | | | |
| 15 | Provide details of bank references | |  | | | |
| **Section 2-Quality Management Information**. | | | | | Yes | No |
| **Section 2 Part A** | | | | |  |  |
| 16 | Is your Company certified to ISO 9001/ISO 13485/IMDR 2017 or equivalent? (If yes attach copy of certificate) | | | |  |  |
| **Section 2 Part B**  (You need to complete this section only if you have ISO 9001/ISO 13485/IMDR 2017 or equivalent certification) | | | | | | |
| 17 | Does your company have a person responsible for the Quality Management System? | | | |  |  |
| 18 | Does your company have a Quality Assurance Management Manual? | | | |  |  |
| 19 | Does your company have a Quality Assurance Policy? | | | |  |  |
| 20 | Does your company perform Quality Control activities on products prior to dispatch? | | | |  |  |
| 21 | Does your company have systems/procedures in place for the protection and preparation of products to ensure that they are shipped safely and without risk of damage or deterioration? | | | |  |  |
| 22 | Does your company perform Quality activities to ensure that the documentation / Certification as required under the purchase order on products prior to dispatch? | | | |  |  |
| **Section 3 –Delivery Terms** | | | | | | |
| 23 | | What is the lead time for delivery of items if order is confirmed? | |  | | |
| **Section 4-Payment terms** | | | | | | |
| 24 | | What are your payment terms and credit facilities? | |  | | |
| **Section 5 – Warranty / Guaranty** | | | | | | |
| 25 | | What are your product warranty /guaranty? | |  | | |

**Note VCSMed India reserves the right to conduct an Audit at your company based on your responses to the above questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6 – Registration form Sign –off (All parts of this section must be completed**) | | | |
| **Supplier Authorized**  **Personnel Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

|  |
| --- |
| **For Serwell Medi-Equip (P) Lted** |
| **Review and recommendation by the Purchase Manager** |
| **Final Decision** |

|  |  |  |
| --- | --- | --- |
| **Approved By**  **Director** | **Date** | **Date of Re-approval** |
|  |  |  |

**SUPPLIER ASSESSMENT FORM document**

|  |  |  |  |
| --- | --- | --- | --- |
| **1) GENERAL INFORMATION** |  | **Date:** |  |
| Objective |  | | |
| Company Name |  | | |
| Supplier |  | | |
| Supplier Category - Manufactures / Distributers |  | | |
| Statutory License details |  | | |
| Address |  | | |
| Phone No. |  | | |
| Fax |  | | |
| Email |  | | |
| Total No. of Persons Employed |  | | |
| No. of Shifts |  | | |
| No. of Shifts / Person |  | | |
| Auditor Name |  | | |
| Date of Audit |  | | |

|  |  |
| --- | --- |
| **2.MANAGEMENT** | |
|
| Name of the key person Audited |  |
| Position |  |
| Signature |  |
| Type of Products Manufactured |  |
| Details |  |
| Is Supplier Registration done? Is it current? |  |
| Major Customer Details |  |
|

|  |  |
| --- | --- |
| **3. INFRASTRUCTURE** | |
|
| Installed capacity Details |  |
| Plant & Machinery Details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4) MANAGEMENT FOR QUALITY** | **YES** | **NO** | **COMMENTS** |
| Does the company have a documented procedure for their work instructions? |  |  |  |
| Do they follow GMP? |  |  |  |
| Do they have any Policy/Objectives? |  |  |  |
| Define their manufacturing process. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5) CONTROL OF SPECIFICATIONS** | **YES** | **NO** | **COMMENTS** |
| Is there any system followed to control their drawings/specifications? |  |  |  |
| Do they have our Specifications and Test methods? |  |  |  |
| How do they control the Specifications/Drawings provided by the Customers? |  |  |  |
| Do they have any procedure for customer property handling? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6) CONTROL OF PROCUREMENT** | **YES** | **NO** | **COMMENTS** |
| What are their raw materials? |  |  |  |
| Who are their Suppliers? |  |  |  |
| Do they have any suppliers list? |  |  |  |
| Is there any raw material rejected for Quality Issues? |  |  |  |
| Is there any Corrective action available for the raw material rejections? |  |  |  |
| Define their Quality Checks? |  |  |  |
| Are the personnel competent for carrying out the work? |  |  |  |
| Do they have adequate resource available for the Testing? |  |  |  |
| Details of the measuring Equipment’s available |  |  |  |
| Do they calibrate the Equipment’s? |  |  |  |
| Is the status of the Equipment been displayed? |  |  |  |
| Is the Equipment’s are identified properly? |  |  |  |
| Do they maintain records for the Calibration? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7) BATCH CONTROL** | **YES** | **NO** | **COMMENTS** |
| How do they give the batch no for their products? |  |  |  |
| What is their batch coding system? |  |  |  |
| Do they have any adequate traceability? |  |  |  |
| Do they give any certificate of analysis to their customers? |  |  |  |
| How do they control the labelling on the Finished Products? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8) CONTROL OF PROCESS** | **YES** | **NO** | **COMMENTS** |
| Is it adequate? |  |  |  |
| Is there any Documented Procedure available for the inspections? |  |  |  |
| Do they maintain records for the inspections? |  |  |  |
| How do they control their process? |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **9) IDENTIFICATION AND TEST STATUS** | **YES** | **NO** | **COMMENTS** | | | |
| Do they identify the status of the products at each stage of manufacturing? |  |  |  | | | |
| Is it adequate to control the mix-up? |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **10) CONTAMINATION CONTROL** | **YES** | **NO** | **COMMENTS** |
| Is there any specific or special condition provided by the customer which will have an adverse effect on the quality of the product? |  |  |  |
| How it is controlled? |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **11) CONTROL OF RECORDS** | **YES** | **NO** | **COMMENTS** | | | |
| Do they maintain any records at each stage of their manufacturing? |  |  |  | | | |
| How long they retain the records? |  |  |  |  |  |  |
| Are they easily traceable? |  |  |  |  |  |  |
| Do they maintain adequate Inspection Test Record/Files? |  |  |  |  |  |  |
| Are they up to date? |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12) CONTROL OF FINISHED GOODS** | **YES** | **NO** | **COMMENTS** |
| Do they have any Testing for the Finished Goods? |  |  |  |
| Do they follow any Sampling Plans? |  |  |  |
| Is every batch of Finished Goods are tested as per our specification? |  |  |  |
| Do they retain any Finished Goods samples (Stock Control Samples)? |  |  |  |
| For how many years they retain? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **13) TRAINING** | **YES** | **NO** | **COMMENTS** |
| Are the personnel are trained? |  |  |  |
| Is the training effective? |  |  |  |
| Do they maintain the records? |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **14) CONTROL OF NON-CONFORMANCE** | **YES** | **NO** | **COMMENTS** | | | |
| Is there a proper identification for the non-conforming material? |  |  |  | | | |
| Do the carry out any investigation for the non-conforming materials? |  |  |  | | | |
| How do they dispose the non-conforming materials? |  |  |  |  |  |  | |
| Is there any record available? |  |  |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **15) CORRECTIVE AND PREVENTIVE ACTIONS** | **YES** | **NO** | **COMMENTS** |
| Is any corrective and preventive action taken for rejections? |  |  |  |
| How do they handle complaints from their customers? |  |  |  |
| Do they maintain any record for the complaints? |  |  |  |
| Is the corrective action taken are effective? |  |  |  |
| How do they communicate the corrective actions to the customers? |  |  |  |
| Is there any feedback system available from their customers? |  |  |  |
| How do they communicate any change in their process or suggestions to the customers? |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **16) HANDLING AND STORAGE** | **YES** | **NO** | **COMMENTS** | | | |
| How do they store the Finished Goods? |  |  |  |  |  |  |
| Any special storage condition is followed as per the customer’s specification? |  |  |  | | | |
| Is there any record available for this? |  |  |  |  |  |  |
| Do they assign the shelf life for the materials? |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **17) PACKAGING AND SHIPPING** | **YES** | **NO** | **COMMENTS** |
| Is there any legislative requirement required for the products for shipping? |  |  |  |
| What is there mode of shipping? |  |  |  |
| Do they follow any special packaging for the products to avoid damage during transit or as specified by the customer? |  |  |  |
| What control is followed at the time of shipping? |  |  |  |
| Hazardous/ Non-Hazardous |  |  |  |
| **Specific issues / Suggestions:** | | | |
| **Review and Comments of the Auditor: Date:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier Authorized**  **Personnel Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Auditor** | **Designation** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Reviewed BY: Approved BY:**  **Purchase Head / QA MR** |

**PURCHASE ORDER document**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice To:  Address  Phone No. | | Order No: | | | | Dated | | |
|  | | | | Mode/Terms of Payment | | |
| Supplier’s Ref : | | | | Other Reference | | |
| Supplier : | | Dispatch Through : | | | | Destination | | |
| Terms of Delivery | | | | | | |
| S.No | Description Of Goods | | | Quantity | Rate | | Per | Amount |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
| Remarks : | | | | | | | | |
| Company’s GST No. : | | | For **Serwell Medi - Equip (P) Ltd**  Authorized Signatory | | | | | |
|  | | |  | | | | | |

**TERMS AND CONDITIONS**

1. Original Invoice should be sent along with the consignment
2. Mention GST Number / HSN code / SAC in your Invoice whichever is applicable
3. Outer packing must be in good condition to avoid any damage while transit
4. Certificate of analysis should accompany with consignment
5. If the material is rejected with regard to quality problems, the same should be replaced
6. Validity of the Purchase order: 45 days from the date of order

|  |  |
| --- | --- |
| **Quality and Delivery summary document**  Supplier Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Evaluation Period : From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Item Supplied | PO Date | Delivery Date | Date Of Receiving | Inspection Result | Reason of Rejection if any |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Prepared By : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Material indent document**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Executive : | |  |  | Indent No. & Date : | |  |
| Plant / Dept : | |  |  | Ruquistion No. : | |  |
| Material Center : | |  |  | Any Other : | |  |
|  |  |  |  |  |  |  |
| **S.No** | **Description of Goods** | | **Quantity Required** | **Stock in Hand** | **Ordered Quantity** | **Unit** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Prepared By | |  | Approved By (GM) | |  | Recd. By (PURCHASE) |
|  |  |  |  |  |  |  |

**Supplier Corrective action request document**

|  |  |
| --- | --- |
| UNIT Name: |  |

|  |  |
| --- | --- |
| **Supplier Details** | |
| Supplier Name and Address |  |

|  |  |
| --- | --- |
| **Raw Material / Packing Material and Nonconformance Details** | |
| Material Description |  |
| Invoice No. and Date |  |
| Supplier Lot No. |  |
| Date Identified |  |
| Non conformance details |  |
| CAPA No. |  |

|  |
| --- |
| Your investigation to determine the root cause of the problem, corrective action taken to correct this deficiency, action taken to prevent recurrence, and effective date for each correction is required.  Please provide documentation to support the above with data that may include but not limited to Technical analysis, test data, inspection checklist(s), operator-training record, process change, etc.  Please return on or before the response date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplier Response** | | | | |
| Response Date | |  | | |
| Root cause Details | |  | | |
| Corrective Action Taken | |  | | |
| Comments (If any) | |  | | |
| Supporting Evidences  (If Any) | |  | | |
| **Name** | **Designation** | | **Signature** | **Date** |
|  |  | |  |  |

**Supplier Agreement document**

|  |  |
| --- | --- |
| SUPPLIER AGREEMENT | |
| **Name Of The Service Provider** |  |
| **Name Of Services** |  |
| **Address of Communication** |  |
| **Tele phone / Mobile Number** |  |
| **E-Mail** |  |

|  |  |  |
| --- | --- | --- |
| **Original Documents – Distribution List** | | **Quantity** |
| Manufacturer | **Serwell Medi - Equip (P) Ltd** | 1 SET |
| Vendor  (Service Provider) : |  | 1 SET |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPROVALS** | | | | | |
| **Company** | **Department** | **Name** | **Designation** | **Signature** | **Date** |
| Serwell Medi - Equip (P) Ltd | Quality Assurance Department |  |  |  |  |
| Serwell Medi - Equip (P) Ltd | Commercial Department |  |  |  |  |
| Vendor  (Service Provider) | Technical Department |  |  |  |  |
| Vendor  (Service Provider) | Commercial Department |  |  |  |  |

**TABLE OF CONTENTS**

1. Scope
2. Definitions – Principles
3. Document Management
4. Quality Terms
5. NON-Conformances, CAPA, And Complaints
   1. Disposition Of Nonconforming Material
   2. Corrective Actions
   3. Complaints
   4. Audits
6. Ordering Information
7. Goods Inwards Inspection
8. Commercial Terms And Conditions
9. Miscellaneous
10. Annexure.

**This Agreement is made and entered into on (Date) of (Month), (Year)**

**Between**

Serwell Medi - Equip (P) Ltd having its registered Office/factory at …herein after called ‘**THE MANUFACTURER ’**

**And**

(**Name of company**). Having its site in (**Address**),**.** Here in after called **‘THE SERVICE PROVIDER’.**

**WHEREAS:**

1. The Vendor has entered into a Quality agreement **(“The Vendor Agreement”)** for supplying Serwell Medi - Equip (P) Ltd
2. The Vendor and the buyer now wish to determine the terms and conditions of the servicing.
3. The parties acknowledge and agree that it shall provide to each other certain Confidential Information that is necessary or desirable, in relation to the purpose with an aim to secure the unauthorized use and/or disclosure of such confidential information the parties are entering into this binding and enforceable agreement towards one another.

**NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:**

# SCOPE:

The commitment the parties make to ensure that their respective services satisfy the quality and regulatory requirements required to in this Agreement.

# DEFINITIONS – PRINCIPLES:

|  |  |
| --- | --- |
| **VENDOR** | A vendor, also known as a vendor, is an individual or company that sells goods or services to someone else in the economic production chain. |

# 

# DOCUMENT MANAGEMENT:

* The quality agreement, technical specification and their appendices are confidential.
* Only one version of each of these documents is in force at any given time.
* Any changes amendment or new version must be the subject of a prior written agreement between the two parties.
* In order to supply an item that complies with the specifications, the vendor shall declares that:
  + It is able to perform or ensure the performance of the necessary controls and tests.
  + It possesses all the administrative authorizations required.
  + The Vendor should inform Serwell Medi - Equip (P) Ltd for significant changes, which could have an impact on the quality of the services.
    - Technical or regulatory change in the services.
    - Change in test methods.
    - Change in service site or outsourcing of service.
    - Any change shall be qualified and approved by authorized people prior to implementation.

# QUALITY TERMS:

* Technical specification shall conform to Serwell Medi - Equip (P) Ltd (the company) respective services.
* The vendor shall ensure that the services in compliance with the current standard.
* The vendor shall inform Serwell Medi - Equip (P) Ltd (the company), of any significant changes in the services.
* The vendor is responsible for ensuring that Serwell Medi - Equip (P) Ltd is in possession of the most current technical services.
* The vendor shall not pass any contract or order or any part therein to a third party without prior written consent from the company.
* The vendor may be disqualified from the company’s approved vendor list if found not meeting the company’s requirements.
* The vendor’s premises shall be accessible and mutual agreed to quality audit (Vendor Audit) upon request by Serwell Medi - Equip (P) Ltd. (Joint Audit).
* The vendors will have their Quality Management System audited on our behalf by the authorised consultant of Serwell Medi - Equip (P) Ltd or third party auditor or through off-site.

# Non-conformances, CAPA, and complaints:

# Non-Conformances:

* Any non-conformance results arising during the service shall be addressed through non conformance procedure.
* Records or reports for these types of activities are to be defined, maintained, and made available upon request or intimation.

# Corrective Actions:

* + 1. **Corrective Actions – Service Provider:**
* This section defines roles and responsibilities for initiating and responding to corrective actions initiated by the Vendor.
* Defines the key points of contact.
* Defines a time frame for responding to corrective actions.
* Requires Serwell Medi - Equip (P) Ltd to review all corrective actions and to provide a response on the acceptance of the corrective actions (if applicable).
* **Requires Corrective Actions:**
  + To determine the causes of a nonconformity
  + To evaluate the need for action to ensure that the nonconformity does not recur
  + To determine and implement the action needed to prevent recurrence
  + To review the effectiveness of the corrective action
    1. **Corrective Actions –** Serwell Medi - Equip (P) Ltd**:**
* When nonconformity is identified by Serwell Medi - Equip (P) Ltd after the receipt of the report from vendor this section applies:
* Requires Serwell Medi - Equip (P) Ltd to notify the Vendor using a format- Non-Conformance control.
* Requires the Vendor to respond in a timely manner with a corrective action plan.
* **Requirement from the Vendor:**
  + Determine the causes of the nonconformity.
  + Sign, date, and return the format to Serwell Medi - Equip (P) Ltd along with Corrective action plan.
  + To provide a timeline schedule if the corrective action plan cannot be implemented or completed in a timely manner and update status report on the corrective action plan.
  + To evaluate the need for action to ensure the nonconformity does not recur.
  + To determine and implement the action needed to prevent recurrence.
  + To review the effectiveness of the corrective action.

# Complaints:

* + 1. **Buyer-Received Complaints:**
* If Serwell Medi - Equip (P) Ltd receives a complaint related to services, Serwell Medi - Equip (P) Ltd will follow Complaint procedure and informed to a vendor for investigation and the actions.
* Requires Serwell Medi - Equip (P) Ltd to follow if needs the assistance of the vendor in the investigation and corrective action.

# Audits:

* + 1. **Audit By Buyer:**
* Requires the vendor to allow Serwell Medi - Equip (P) Ltd (or its authorized representative) to perform audits or inspections of the Vendor’s facilities, systems, documentation, and other requirements related to this agreement.
* Requires audits to be conducted at agreed upon dates and timings and mutual agreed.
* Requires the Vendor and Serwell Medi - Equip (P) Ltd to agree upon methods to protect intellectual property with the use of Confidentiality Agreements, Non-Disclosure Agreements, or other appropriate methods.
  + 1. **Buyer Audit Findings:**
* Requires Serwell Medi - Equip (P) Ltd to issue an audit report after conducting an audit at the Vendor’s location.
* Requires the Vendor to provide a formal corrective action plan for all major and minor non-conformances listed in the audit report within 30 days receipt of the report (No formal corrective action response is required for Opportunities-For-Improvement).

# Ordering Information:

* The following information shall be provided to the vendor along with the purchase order.
  + Service specification.
  + Unit of measure.
  + Payment Terms.
  + Terms & Conditions.
  + Any other relevant information/requirements.
  + Transportation / Supply chain.

# Goods Inwards Inspection:

* **Acceptance Requirement:**
  + All materials (after service) received for manufacturing will be subjected to Serwell Medi - Equip (P) Ltd inward inspection for conformance with the requirement of the respective specification for Quality.

# COMMERCIAL TERMS & CONDITIONS:

* The Vendor has to service along with Original Invoice, COA, and Certificate of origin & Health Certificate.
* If there any change in the price, it shall be done only after mutual agreement by both the BUYER and VENDOR and shall be amended accordingly.
* The Vendor ensure to follow the terms and conditions a per the purchase order.

# MISCELLANEOUS:

* This Agreement shall not be varied or cancelled unless such variations or cancellation has been expressly agreed in writing by the Parties.
* This Agreement constitutes the entire agreement and understanding of the Parties here to with respect to the subject matter here of and shall supersede any prior expression of intent or understanding with regard to this transaction.

**In witness whereof, the parties have executed this agreement on the day and year above written.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MANUFACTURE: SERWELL MEDI - EQUIP (P) LTD** | | | |
| **Name** | **:** |  | **Description: ISMAIL** |
| **Designation** | **:** |  |
| **Signature** | **:** |  |
| **Date** | **:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE PROVIDER:** | | | |
| **Name** | **:** |  | **Description: ISMAIL** |
| **Designation** | **:** |  |
| **Signature** | **:** |  |
| **Date** | **:** |  |

# ANNEXURE

**(If applicable)**