



ANNEXURE-I

QAP	PL Number & Item Description	Internal Doc. No.	Revision
Name of the firm		ABCD-1234	XX

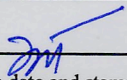
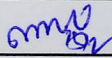
Quality Assurance Plan

**Name of the firm**

Head Office Address	Manufacturing Unit Addresses	
ABC XYZ STATE with PIN  Telephone: Mobile: Email:	ABC XYZ STATE with PIN  Telephone: Mobile: Email:	Add more columns if more required

PL Number of the item	
Description of the item	
Specification/Drawing number of the item	
Purchase order number with date	

Date of submission of QAP: DD.MM.YYYY

Approved by 	Issued by 	Page Number
Signature with date and stamp	Signature with date and stamp	1 of X