



GAMMA

AGRO-MEDICAL PROCESSINGS PVT. LTD.

ORDER REGISTRATION FORM

PART I (To BE FILLED BY CLIENT)

Ref No.:

M/s. Gamma Agro-Medical Processings Pvt. Ltd.
Plot N:1, EPPIP, IDA, Pashamylaram
Dist. Medak, Andhra Pradesh
Ph: 08455 - 200633,
e-mail: kaginalli@gammaagro-med.com

Client's Name:

Address:

Ph No:

Sr. No	Description of Products	Batch/ Lot No	Batch Strength	Quantity Boxes/ Kgs

Drugs Loan Licence Number: _____ Valid upto: _____

Purpose of Irradiation:

Required Dose(KGY):

Delivery Required on:

Sr. No	Documents enclosed:	Type	No	Dated

Signature:

Name:

Designation:

Company Seal:

PART II (To BE FILLED BY GAMPPL)

Sr. No	Inspection Parameters	Observations	Accepted / Rejected
1.	Product/ Box Stability		
2.	Physical condition of the boxes		
3.	Weight of Boxes (Avg)		
4.	Labelling on Boxes		
5.	Product Distribution in Box		

Remarks, If any: _____

Receipt

Date/ Time:

Order Registration

Number:

Date:

Seroa; Mp/ pf Labels

Expected date of Delivery

PROCESSING CHARGES				Order Acceptance
Quantity	Unit	Rate(Rs)	Amount(Rs)	For Gamma Agro-Medical Processings Pvt. Ltd.