Mfr LOGO	Manufacturer's Name & Address	MANUFACTURING QUALITY PLAN						PROJECT :					
		ITEM :					QP No.	P.O.No.					
		SUB SYSTEM :					REV. No.						
							DATE:						
							PAGE x of y						
Sl No	Component & Operations	Characteristics	Class	Type of check	Quantum of check M	Quantum of check B	Reference Document	Acceptance Norms	Format of record	Agency M	Agency B	Agency C	Remarks
								8	9	10			11
Vendor's authorised Signature			LEGEND : M:MANUFACTURER/ SUB SUPPLIER B:BHEL/TPI, C:CUSTOMER/TPI; P:PERFORM ,' W: WITNESS and V: VERIFICATION AS APPROPRIATE,					DOC.No. :					Rev :
								REVIEWED BY		APPROVED BY			