



Pharmachine Mfg. Co.

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PROCUREMENT FORM

Please fill separate form for each product & tick wherever applicable

Whenever a set of tooling is procured, it is necessary to share information with the supplier. The procurement form can be send to the supplier to reduce communication errors.

COMPANY NAME:					
ADDRESS:					
Contact Person Name: _____			Designation: _____		
E-Mail: _____			Reference No & Date: _____		
Phone No.: _____			Fax No.: _____		
PRODUCT DETAILS					
Product Name: _____			Film coated: Yes / No [% = _____]		
Drawing : Yes / No / Name: _____			Sugar Coated: Yes / No		
Sample Tablet: Yes / No			Abrasive / Corrosive: Yes / No		
Sample Tooling: Yes / No			Sticky: Yes / No		
Any other information: _____			Effervescent: Yes / No		
MACHINE DETAILS					
Manufacturer & Model: _____			Tooling type [Any One]		Details If Special Tooling
Number of stations: _____			<u>EURO</u>	<u>IPIT</u>	
Upper punch SEAL: Yes / No			'D'	'D'	
Lower punch SEAL: Yes / No			'B'	'B'	
Any other information: _____			'BB'	'BB'	
			'BBS'	'B2'	
QUANTITY REQ.:		Upper Qty: _____	Lower Qty: _____	Die Qty: _____	
TABLET DETAILS [Any One]					
SHAPE	SIZE 'A' =		SIZE 'B' =		
					Other
Round	Capsule	Oval	Triangle	Square	
CAVITY	RADIUS 'R' =				
					Other
FFBE	Concave	Bevel Concave	Double Concave	Flat Face	
UPPER			LOWER		
PLAIN / BREAKLINE		EMBOSSING	PLAIN / BREAKLINE		EMBOSSING
DETAILS			DETAILS		

OUR STANDARD FEATURES

- Upper Punch Dust-Cup Groove
- Double Keyway In Capsule / Oval

SPECIAL FEATURES OFFERED / REQUIRED

- Chrome Plating: Yes / No
- Taper Die: One side / Both sides

Any Tooling related problem for this product in the past: