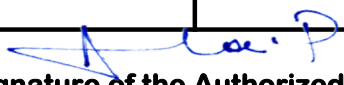




CHAMUNDI DIE CAST (P) LTD

APPROVED VENDOR FORM

Vendor Code allotted (to be filled by Chamundi)		Date of assessment					
1	Vendor Name	Cadem Technologies Private Limited					
2	Vendor Type						
3	Address: Office	No. 264/75, 36th Cross, 8th Block, Jayanagar, Bangalore-560070.					
	Address: Manufacturing location	Same as Above					
	Telephone No. / Fax No.	080-26634767					
	Email ID / Web site	sales@cadem.com / www.cadem.com					
	Contact Person	D Srihari					
	Contact Number	9741166788					
	CIN No. (if available)	U85110KA1993PTC014276					
	GST Number (Please attach copy of RC)	29AAACC8022D1Z0					
	Bank Name	AXIS Bank Ltd					
	Bank Branch & Address	Jayanagar, Bangalore - 560041.					
	Account #	918020089695164					
	SWIFT / NEFT / RTGS Details	UTIB0000052					
4	QMS Certificate details	-					
	Certifying Body	-					
	Expiry Date	-					
5	Details of Inspection facility available	-					
6	Technical colloboration if any	-					
7	Customer Rating data if available	-					
8	Turnover (Speciry currency also)	-					
9	Item (s) supplied	Rate approved	Rate approved	Rate approved	Rate approved	Rate approved	Rate approved
10	Payment terms	100% against proforma invoice.					
11	My / Our enterprise falls in category against which I / we have put tick mark (v) in the table below (certificate to be Provided / Enclosed)						
	Category of Enterprise	goods		Enterprise providing services			
	Micro						
		Measuring Instruments					
Place:	Bangalore	 Signature of the Authorized Person					
Date:	29.09.2026						

Vendor Assessment Details

(To Be Filled by M/s CHAMUNDI)

Manufacturing/Inspection assessment				
Commercial Assessment :				
QMS and inspection facility Assessment :				
Financial Stability Assessment :				
Business continuity plan Assessment :				
Whether the Supplier approved:	Yes	☐	NO	☐
If Yes, approval basis (Tick As Applicable)				
Customer Approved Vendor	☐			
Manufacturing / Inspection Facilities are found to be OK	☐			
Quality /Product / System Certification found to be OK	☐			
Sample Approval basis	☐			
Any Others, Please Specify:	☐			
If not approved, specify reasons:				