

	<b>STANDARD OPERATING PROCEDURE</b>		SOP No:
			Version No: 00
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Effective Date:		Supersedes: N/A	
Prepared By:	Reviewed By:	Approved By:	
Date:	Date:	Date:	
DEPARTMENT: Quality Assurance			

**1.0 OBJECTIVE:**

**2.0 SCOPE:**

**3.0 RESPONSIBILITY:**

**4.0 DEFINITION:**

**5.0 PROCEDURE:**

**6.0 TRAINING:**

Trainer : Head – Quality Assurance  
Trainees : All Departmental / Sectional Heads

**7.0 DISTRIBUTION:**

Master Copy : Head – Quality Assurance  
Certified Copy : All User Department

**8.0 ANNEXURE:**

Annexure-I :

**9.0 REFERENCES:**

N/A

**10.0 REVISION HISTORY:**

Revision No.	Reason for Revision	Change Control Number (if applicable)	Effective Date
00	New SOP	N/A	

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