



SSP PVT LIMITED

Form No. F: MKD: 02

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PRODUCT QUESTIONNAIRE (PROJECT: HERBAL EXTRACTION PLANT)

Note: Please indicate by a tick mark where options are provided.

1. CUSTOMER'S DETAIL

Company Name:			
Contact Person:			
Plant Location:			
Address:			
Phone No.:		Fax No.:	
E-mail:			

2. ABOUT PLANT:

Name of the Herbs to be processed. (Raw Material):			
Part of the Herbs used:	<input type="checkbox"/> Leaves <input type="checkbox"/> Roots <input type="checkbox"/> Whole plant <input type="checkbox"/> Woods <input type="checkbox"/> Seeds <input type="checkbox"/> Flowers <input type="checkbox"/> Buds / Pods <input type="checkbox"/> Any Other		
Quantity of Herbs processed per day (20 Hrs.):	<ul style="list-style-type: none"> ▪ Name of Raw material. ▪ Bulk Density (gm/cc) ▪ Moisture Content. (Avg.) (%) ▪ Final Yield on Raw Material (expected) (%) 		
Preferred Medium of Extraction:	<input type="checkbox"/> Aqueous <input type="checkbox"/> Solvent		
Forms of end Products:	<input type="checkbox"/> Liquid Extract TDS (%): _____ <input type="checkbox"/> Paste TDS (%): _____ <input type="checkbox"/> Powder (Moisture %): <input type="checkbox"/> Dried Cakes <input type="checkbox"/> Combination		
Nature of end Products:	<input type="checkbox"/> Hygroscopic <input type="checkbox"/> Any other		
Where the end products (Herbal Extract) are used?	<input type="checkbox"/> Herbal Formulation. / Pharma Industry <input type="checkbox"/> Food industry <input type="checkbox"/> As Natural Dye for Textile dyeing		

BRIEF DESCRIPTION OF EXISTING SET UP / PLANNED PROCESS: (FOR ESSENTIAL OIL RECOVERY, GIVE THE DETAILS SEPARATELY):

TYPE OF FINISH YOU WANT FOR EQUIPMENT:

3. ANY OTHER INFORMATION AND DATA, WHICH MAY BE USEFUL FOR US TO DESIGN:

AUTHORIZED SIGNATORY:	
Designation:	