

APPLICATION FORM

Name of the Organization			
Country		State	
Postal Code		GST No.	
Registered Address			
Operational Address			
Do you have more than one Office address? (Yes/ No) If yes, kindly mention the addresses			
Addresses needed to be incorporated in the certification			
E-mail ID		Website	
Primary Contact Person		Primary Phone number	
Designation		Primary Email ID	
Secondary Contact Person		Secondary Phone number	
Designation		Secondary Email ID	
Where did you hear about us?			
Business Sector			
Brief about the Services and Products need to be incorporated in certification			
Please mention all the standards you wish to opt for: ISO 9001:2015 (QMS) ISO 14001:2015 (EMS) ISO 45001:2018 (OHSMS) ISO 22000:2018 (FSMS) ISO 27001:2013 (ISMS) ISO 37001:2016 (ABMS) ISO 13485:2016 (MDQMS) ISO 50001:2018 (EnMS) ISO 21001:2018 (EOMS) ISO 22301:2019 (BCMS) ISO 26000:2010 (SR) CE Mark, RoHS, HACCP, Halal, Kosher & Others (Please mention Others)			

<p>Are you prepared with your documentations as per the requirements of the required standard?</p> <p>Process Manual, Procedures, Forms and Formats, Risk assessment, Needs and Expectations of your interested parties, Training procedures and records, Maintenance of your machines, Process documentations of your complete operations, etc.</p>	
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Total Number of Employees in Each Site		
Number of Full Time Employees		
Number of Part Time Employees		
Total Number of Students (For Education Industry)		
Number of Operational Shifts		
No. of employees in Each Shift		
Stage of Certification (Fresh Certification, Surveillance or Transfer)		
Is this a transfer from another Certification Body? (Yes or no) Please forward copy of latest audit report and current certificate	Transfer	Name of Previous CB

Please give full details of any out-sourced processes (i.e., vital processes/services that other companies perform on your behalf):

Please provide full details of any consultancy company that you have employed for Implementation:

Please indicate your preferred target dates for the following activities	
Document Review (Specify Month/Year)	
Preliminary Review (Specify Month/Year)	
Formal-Onsite Review (Specify Month/Year)	

Notes:
 The quotation will be based on the information provided in the quotation request form.
 Please indicate your preferred target dates for the following activities.
 The surveillance period will be decided based on the review of application form.

For Client Use	
Name	
Designation	
Date	

Application Review (For Certification Provider only)
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Accreditation	
Scope/Code Evaluation	
Resource Allocation	
Review Status	
Quotation Generation	