

Important: For preparation of a consulting & Certification, we need information about your organization. All information supplied by you will be treated in strict confidence. Please complete this form. Use extra sheets wherever required.

Fields marked with "*" are mandatory for filling.

REF. No.

COMPANY DETAILS		
* Company Name:		
* Registered Address:		
*Site Address:		
Phone:	Fax:	
*E-mail:	Website:	
*Chief Executive/MD:	Mobile:	
*Contact Person Name:	Position:	(M):
Company Status (Please Tick): <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Please Specify		
Total No. of Shifts: ___ Total No. of employees: Full Time_____ Part Time_____ Subcontracted_____		
Total no of employees doing repetitive jobs _____		
Note: If more than one site, please give address/details on back of this page.		
CONSULTING / CERTIFICATION REQUESTED		
Consulting / Certification Required (Please Tick): <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO 13485 <input type="checkbox"/> HACCP <input type="checkbox"/> CE Marking <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> SA 8000 <input type="checkbox"/> IQA / Surveillance Audit <input type="checkbox"/> Other_____		
Type of Audit <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB		
Combination Audit <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____		
Accreditation:		
Scope for Certification:		
Manufacturing Process:		

Any statutory & regulatory requirements related to Products/services:

GST No _____

IEC Code : _____

BUSINESS DETAILS

Identify products / services of your company

Activities being performed outside the main site:

(i.e. activities at temporary sites e.g. construction, collection of samples, service delivery etc.)

Outsourcing if any :

Identify key processes in manufacturing or provision of services : (e.g. Design, Manufacturing, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)

Three Main Customers:

Three Main Suppliers:

Please mention estimated time period within which consultancy and certification process should be completed.
Proposed Start date of project: _____ Time Period _____ Weeks.

We hereby are agreeing on the following payments terms:

Total: _____ Application: _____ Certificate: _____

Payment Realization:

enclose a D.D. / Cheque No: _____ dated _____ for Rs. _____ I/We
on _____ favouring _____ payable
at _____, towards Consultancy Fee in Advance.

Declaration: The information provided above is true to the best of our knowledge and behalf.

Name:

Designation:

Date:

Signature: