

QCS Management Pvt. Ltd.

Application for Certification

Regd. Office: 37 E/1(310) 2nd Street, Modern park,
Santoshpur, Kolkata-700075. West Bengal, India.

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Email: qcsert56@yahoo.com/info@qcspl.com



Please fill correctly to enable us understand your requirements and issue a formal offer.

No information shall be disclosed to any third party without the written consent of the customer in conformity with QCS Policy & procedures

Initial Certification Re-certification Transfer

Organization Name:			
Organization Type	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____		
Head Office/Registered office:			
Main Operative Site including temporary site if any (for additional sites see next page)			
Name of top management:		Mob :	
Contact person name:			
Mobile/ Tel:			
e-mail/ website			
Details of activity/Products/process/ Services			
Desired Scope of Certification			
Exclusion if any and justification			
Certification Scheme Applied	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO 27001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> HACCP		
Certified in any other management systems	<input type="checkbox"/> No <input type="checkbox"/> Yes _____		
For IMS certification (Details information of integrated systems is required like internal audit, MRM & other core process)			
Legal and statutory requirements related to product			
Safety conditions for auditors		Language:	
Outsources processes (if any)			
Description of Technical resources e.g machinery			
Consultant/ organization (if any)	Name		Mob No.
	Address		E-mail:

Details of Employees numbers may be provided below:				
Department Name		Permanent Employees	Non-Permanent Employees (Contracted, Sub-Contracted, Part time/ Temporary & Seasonal)	TOTAL
Design / Research Development	:			
Production & service provision	:			
Quality Control/ Assurance	:			
Stores/Warehouse	:			
Purchase	:			
Marketing	:			
Office & Administrative staff	:			
Unskilled personnel	:			
Personnel doing repetitive process (example: cleaners, security, transport, sales, call centers, etc)	:			
Others (Please Specify)	:			
TOTAL Staff Strength	:			

No. of Shifts and its Staff Strength	:	<input type="checkbox"/> One:____ <input type="checkbox"/> Two:____ <input type="checkbox"/> Three:____ Total: ____
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Information about branch offices/ other sites (to be certified)

1 Site address:	
Activity(ies):	
2 Site address:	
Activity (ies):	

(You can add rows if required)

For transferring certification from other certification body

Name of CB(attach certificate)		Latest Audit (attach report)	
Reason for Transfer			
certificate under suspension or under threat of suspension	<input type="checkbox"/> Yes <input type="checkbox"/> state reason _____ <input type="checkbox"/> No		
Management of transfers from suspended CAB	If the former CAB is under suspension or withdrawn status, business registration number, Registration number of last certificate, Copy of the last certificate with status of Certificate (active/ suspended), Management structure, Physical location (to be verified by QCS) . Copy of manual, procedures reason for transfer to be provided to QCS prior to initiation & confirmation of audit by QCS. If any of the above conditions are not met or affirmative transfers would be declined. Please note there can be no change in scope and previous scope will only prevail as per the last certificate. Declaration form Q1 need to be additionally filled along with the application.		

ISO 22000/ HACCP specific (un-accredited)

Number of process lines	
Number of HACCP Studies	

ISO 14001 specific

Any statutory/ regulatory requirements related to the operations	
Any license/ approvals received related to environmental issues	
What type of emissions your organization does	
Do you measure any emissions, if yes define	
Did you had any environmental incident in the past, if yes detail	
Other information	

OHSAS 18001 specific

Please detail any critical occupational health & safety risks identified	
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(Additional Information required for OHSAS 18001, if applied (please fill up the QCS/OHSC/01/F form for OHSAS 18001 Certification scheme for criticality of scope as per OHS scheme)

ISO 27001 Specific - (un-accredited)

Have you prepared your Statement of Applicability?	
Please identify the level and type of risk associated with your information systems	

I acknowledge that

- The information provided by me is correct as per my best knowledge and the QCS offer is based on the above information. If during assessments any variation is found, QCS may revise its arrangements and offer.
- Application fee once paid is non refundable
- All fees need to be paid in advance before stage 1 audit as per Proforma invoice & quotation to be given after receipt of application form by QCS H.O.

Name of the Authorized Representative:

Sign:

Date:

Attachments	<input type="checkbox"/> Organization Chart <input type="checkbox"/> Previous Certificate (for transfer only) <input type="checkbox"/> Previous Audit report (for transfer only) <input type="checkbox"/> Other Useful information, if any.
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