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| **NOTE : ISO 9001:2008 Certificate Validity** New Clients are to be informed that new certificate for ISO 9001:2008 is valid till 14th September, 2018 and not for complete 3 years and before 14.09.2018 every client has to go for Transition of ISO 9001:2015 compulsorily. |
| Date of Application |  |
| Name of the Company |  |
| Address  |  |
| Website, Email and Phone number |  |
| No of Sites  |  |
| Site 1 Address |  |
| Site 2 Address(For more site attach separate Sheet) |  |
| Contact Person Name and Designation |  |
| Legal Status  | Company :  | Private [ ]  | Public [ ]  |
| Proprietorship [ ]  | Partnership [ ]  | Govt Undertaken [ ]  | PSU [ ]  | NGO[ ]  |
| Statutory and Regulatory Requirement |  |
| Certification Scheme  | ISO 9001:2008 [ ]  ISO 9001:2015[ ]  |
| Scope of Certification |  |
| Exclusion if any | Clause | Justification |
|  |  |
| Outsourced Process, If any | [ ]  Yes  | [ ]  No |
| If Yes , Explain the type of outsourced process and controls |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No of Employees | Location  | Shifts | Full Time | Part time  | Performing Same type of Job | Temporary Unskilled workers | Effective No. of Employees |
| Site 1 |  |  |  |  |  |  |
| Site 2 (Temporary) |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |
| Certification Program Required | Initial [ ]  | Surveillance [ ]  | Recertification [ ]  | Transfer [ ]  |
| Combined Audit | In the case of several certification programmes, would you like the audits to be Combined or carried out separately? [ ]  Yes [ ]  No  If the answer is yes, please specify which combination :  |
| Is Already Certified for any Standard | Yes [ ]  No [ ] If Answer is Yes Mention Name of the Standard:  |
| Is Consultants Involved  | Yes [ ]  No [x] If Answer is Yes Mention Name of the Consultants:  |
| Key Process Involved  |  |
| **DECLARATION:** The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company |
| **Name** |  | **Designation** |  | **Signature** |  |

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| **ACM Official Use** **Can the Application Proceed for Application Review :** [ ] Yes [ ]  No |
| Name of Officer |  | Name of Application reviewer |  | Date  |  |