|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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  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** | |  | | |

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