



|  |                 |   |  |  |                                    |                                    |                          |
|--|-----------------|---|--|--|------------------------------------|------------------------------------|--------------------------|
| <b>Date of Application</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>Name of the Company</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>Address</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>Website, Email and Phone number</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>No of Sites</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>Site 1 Address</b> (For more site attach separate Sheet)  |                 |   |  |  |                                    |                                    |                          |
| <b>Contact Person Name and Designation</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>Legal Status</b>  |                 | Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/><br>Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/> |  |  |                                    |                                    |                          |
| <b>Statutory and Regulatory Requirement</b>  |                 |   |  |  |                                    |                                    |                          |
| <b>Accreditation Required</b>  |                 | EIAC <input checked="" type="checkbox"/>  |  |  |                                    |                                    |                          |
| <b>Certification Scheme</b>  |                 | ISO 9001:2015 <input checked="" type="checkbox"/>   |  |  |                                    |                                    |                          |
| <b>Scope of Certification</b>  |                 |   |  |  |                                    |                                    |                          |
| <b>Exclusion if any</b>  |                 | <b>Clause</b>   | <b>Justification</b>   |  |                                    |                                    |                          |
|  |                 | 8.3   | Customers are providing specification Requirements, so There is no any need of Design and Development. |  |                                    |                                    |                          |
| <b>Outsourced Process, If any</b>  |                 | NO  |  |  |                                    |                                    |                          |
| <b>No. of Employees</b>  | <b>Location</b> | <b>Shifts</b>   | <b>Full Time</b>   | <b>Part time</b>                         | <b>Performing Same type of Job</b> | <b>Temporary Unskilled workers</b> | <b>Any Other Workers</b> |
|  | At Organization |   |  |  |                                    |                                    |                          |
|  | At Site         | A   |  |  |                                    |                                    |                          |
|  | <b>TOTAL</b>    |   |  |  |                                    |                                    |                          |
| <b>Certification Program Required</b>  |                 | Initial <input checked="" type="checkbox"/>   | Surveillance <input type="checkbox"/>  | Recertification <input type="checkbox"/> | Transfer <input type="checkbox"/>  |                                    |                          |
| <b>Is Already Certified for any Standard</b>   |                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If Answer is Yes Mention Name of the Standard:   |  |  |                                    |                                    |                          |
| <b>Is Consultants Involved</b>   |                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If Answer is Yes Mention Name of the Consultants:  |  |  |                                    |                                    |                          |
| <b>Key Business Process Involved</b>   |                 |   |  |  |                                    |                                    |                          |
| <b>DECLARATION:</b> 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. |                 |   |  |  |                                    |                                    |                          |
| <b>Name</b>  |                 | <b>Designation</b>  | <b>Quality Manager</b>   | <b>Signature</b>                         |                                    |                                    |                          |
| <b>KSR Official Use</b>  |                 |   |  |  |                                    |                                    |                          |
| <b>Can the Application Proceed for Application Review:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |   |  |  |                                    |                                    |                          |
| <b>Name of Application reviewer</b>  |                 | <b>Signature</b>  |  | <b>Date</b>                              |                                    |                                    |                          |

\*Delete or Leave whichever is not applicable