

NVT QUALITY CERTIFICATION PVT. LTD.

CAP-1, EOIZ, Export Promotion Industrial Park,
Near ITPL, Whitefield, Bangalore - 560 066, India
TEL: +91-80-8884311111/22222/66666 FAX: +91-80-28416767
E-MAIL: nvtqc@vsnl.com WEBSITE: www.nvtquality.com



APPLICATION FORM

Please complete this questionnaire and include brochures or publicity material which demonstrates your organisation's scope of operation, for preparation of a proposal for certification of your management system

1. Organisation name		
Address		
	City	Pin code
If there are more than one site/address, please attach separate sheet to indicate details of addresses		
	City	Pin code
	City	Pin code
Legal status (tick wherever applicable)	<input type="checkbox"/> Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary	
Approval from Regulatory/ and statutory authorities & validity		
Telephone (including ISD & STD code)		
Fax (including ISD & STD code)		
Website		
Email		
Chief Executive (Name)		
	Email	Mobile / Direct no.
Management Representative (contact person) (Name)		
	Email	Mobile / Direct no.

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2. Description of Scope / Product / Services (Please indicate scope for each site)
 Attach separate sheet in case there are more than two sites
 (Processes include: management process, QMS/AQMS process, HR process, planning process, business development process, design process, purchase process, production/service process)

Site	Scope and Processes	Product /Services
Head Office	Scope ---- Processes -----	
Site 1	Scope ---- Processes -----	
Site 2	Scope ---- Processes -----	

3. Outsourced/sub contracted Processes: (Attach list of subcontractors)

4. To which standard you wish to be assessed and certified?

- ISO 9001:2015 : ANAB NABCB) SOCOTEC
- AS 9100 D : ANAB
- AS 9110 C : ANAB
- AS 9120 B : ANAB
- ISO 14001:2015 : SOCOTEC Certification UK - (UKAS)
- ISO 45001:2018 : SOCOTEC Certification UK - (UKAS)
- ISO 50001:2011 : SOCOTEC Certification UK - (UKAS)
- ISO 22000:2005 : SOCOTEC Certification UK - (UKAS)
- ISO 27001:2013 : SOCOTEC Certification UK - (UKAS)
- IMS (ISO 9001
 ISO14001& OHSAS 18001
 ISO 45001) : SOCOTEC Certification UK - (UKAS)
- ISO 45001:2018 : SOCOTEC Certification UK - (UKAS)

5. Indicate requirements not applicable of standard's (clauses) with Justification:

6. Is your company part of a larger organization? Yes No

If Yes, please give the name of the larger organization _____

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7. Fill out the following table with the facilities/sites that you would like to be included in your registration: **This information is REQUIRED to provide you with a quote. Attach separate sheet if required.**

Business		Total number of Employees:							
		Early shift Timing		Day shift Timing		Late shift Timing		Night shift Timing	
		From	To	From	To	From	To	From	To
Shift timings →									
1. Distribution of employees shift wise	Head Office								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								
2. Distribution of employees shift wise	Site 1								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								
3. Distribution of employees shift wise	Site 2								
	Aviation								
	Space								
	Defence								
	Automotive								
	Others								

Note 1: Indicate no. of full time employees involved within the scope of certification

Note 2: Indicate no. of part time employees and converted to an equivalent full time employees involved within the scope of certification. (Based on their number of working hours)

Note 3: Indicate no. of temporary skilled employees involved with in the scope of certification

Note 4: Indicate shift timings for early shift, day shift, late shift and night shift. Distribute total no. of employees (full time, part time and temporary as indicated above) among the shifts.

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8. Certification structure as per AS 9104/1 for AQMS: (tick whichever applicable)
 Single site Multiple site Campus Several sites Complex
9. Certification structure for QMS: (tick wherever applicable)
 Single site Multiple site
10. In case you have more than one site please answer the following:
- Do you need separate certificates for each site or a single certificate incorporating all site details?
 - Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate?
 - Do you conduct one management review covering all sites or separate management reviews for each site?
11. Please indicate if you have any special processes as defined in standard like plating, painting, heat treatment, welding, soldering, crimping etc.)
 Yes No
 If yes, give details _____
12. Please indicate if security or confidentiality clearance is necessary for NVT QC auditors/Accreditation Body auditors/IAQG observers carrying out assessment duties anywhere within your organisation.
 Yes No
13. Have you engaged a consultant to assist you? Yes No
 Name and address of consultant/consultancy firm _____
14. Please list existing certification, if any (If not certified by NVT QC)
- Standard
 Certification body
 Accreditation body
 Validity of certification
Please attach a copy of the certificate
 Date of last audit
 Any outstanding nonconformities of previous audit?
15. Please list any classified material, export control requirements, security and/or access restrictions regarding your organisation:
16. Is your quality system documentation available for review Yes No
 If no, please indicate when your management system documentation will be made available for review _____
 If yes, how long has it been fully practised _____
17. Have you completed one Internal Audit for all processes? Yes No
 (Including closure of NCRs if any)
18. Have you completed one Management Review after internal audit? Yes No
19. When you propose to offer quality system for certification assessment?
20. Please indicate the desired frequency of surveillance audits in a three year cycle

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2 Annual 5 Six monthly

21. List of major current/potential customers

List of Major Current (C)/Potential (P)/Aviation, Space, Defence, Automotive & other Major Customers			
Customer	Location	Contact	% of Business

22. Can audit be performed in English? Yes No

If not, please indicate the preferred language _____

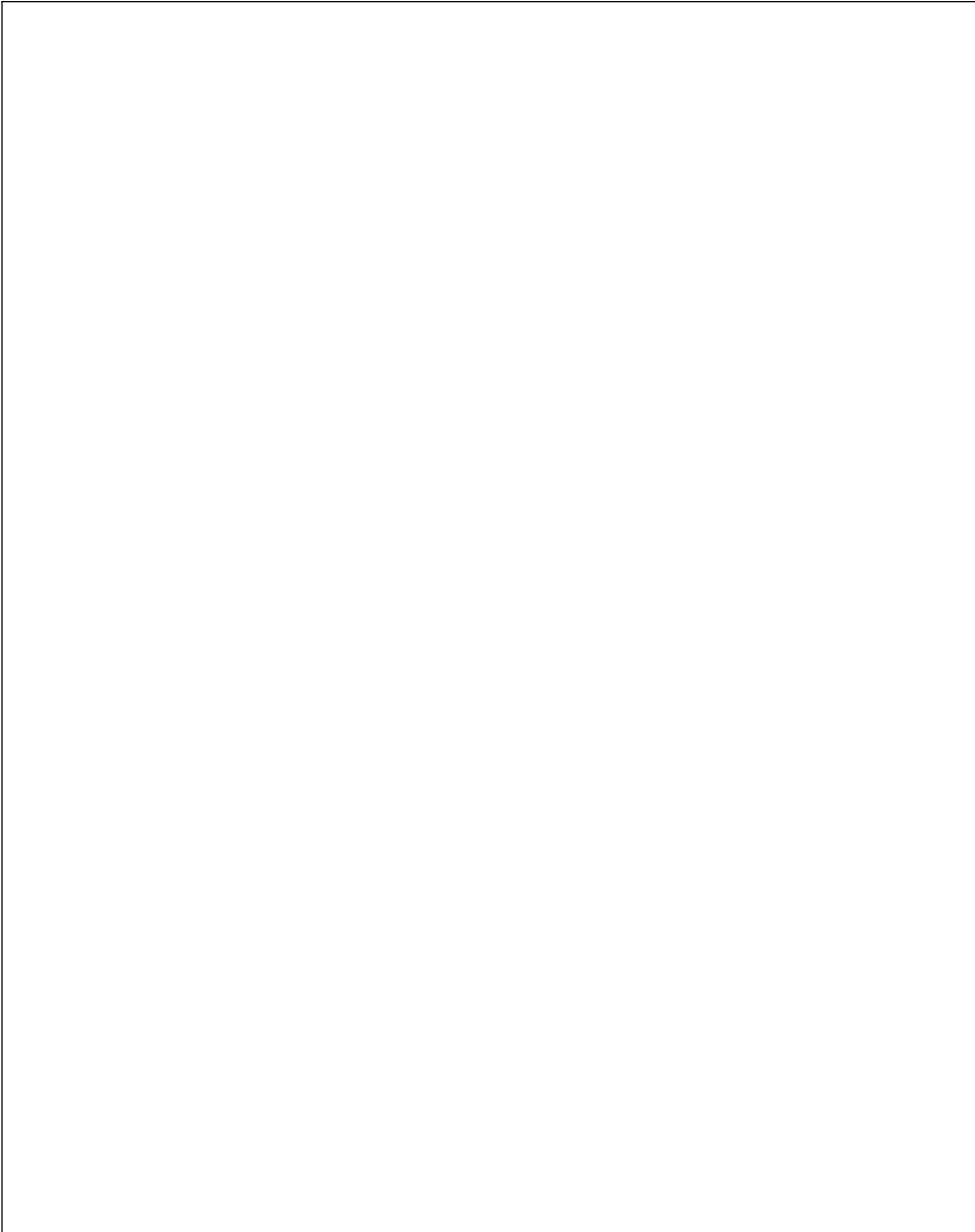
23. Please identify any product related safety issues and **organisational safety issues**

24. Any other relevant information _____

25. Annual turnover (not mandatory) _____

Authorised Signatory of applicant organisation	Name & Designation
Date:	

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