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**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(permanent or temporary) /address, please attach separate sheet to indicate details of addresses*** |  |
| City | Pin code  |
|  |
| City | Pin code  |
| Legal status (tick wherever applicable) | **[ ]**  Limited **[ ]**  Private Limited **[ ]**  Partnership **[ ]**  Proprietary |
| ***GST No. and PAN No.*** |  |
| 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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| 1. 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 ------ |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Subcontractor with scope of work | Location | Contact | % of subcontractor |
|  |  |  |  |
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1. To which standard you wish to be assessed and certified?

 **[ ]** ISO 9001:2015 : **[ ]** ANAB **[ ]**  NABCB**[ ]** AS 9100 D : ANAB**[ ]** AS 9110 C : ANAB**[ ]** AS 9120 B : ANAB**[ ]** ISO 14001:2015 : GABRIEL REGISTRAR - (UAF) **[ ]** ISO 45001:2018 : GABRIEL REGISTRAR - (UAF)**[ ]** ISO 50001:2018 :GABRIEL REGISTRAR - (UAF)**[ ]** ISO 27001:2013 : GABRIEL REGISTRAR - (UAF) **[ ]** IMS (ISO 9001/ISO14001/ISO 45001): GABRIEL REGISTRAR - (UAF) 1. Indicate requirements not applicable of standard’s (clauses) with Justification:
2. Is your company part of a larger organization? Yes **[ ]**  No  **[ ]**

If Yes, please give the name of the larger organization  |
| 1. 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.**

|  |  |
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| ***Business at Permanent or Temporary Sites*** | **Total number of employees in the scope of certification** : |
|  | 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 at Permanent or Temporary Sites*** | Site 1 |  |
| Aviation |  |  |  |  |  |
| Space |  |  |  |  |  |
| Defence |  |  |  |  |  |
| Automotive |  |  |  |  |  |
| Others |  |  |  |  |  |
| 3. ***Distribution of employees shift wise at Permanent or Temporary Sites*** | 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.1. Certification structure as per AS 9104/1 for AQMS: (tick whichever applicable)

 **[ ]** Single site **[ ]** Multiple site **[ ]** Campus **[ ]** Several sites **[ ]** Complex1. Certification structure for QMS: (tick wherever applicable)

 **[ ]** Single site **[ ]** Multiple site 1. In case you have more than one site please answer the following:
2. Do you need separate certificates for each site or a single certificate incorporating all site details?
3. Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate?
4. Do you conduct one management review covering all sites or separate management reviews for each site?
5. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. 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 1. Have you engaged a consultant to assist you? **[ ]** Yes **[ ]** No

 Name of consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of consultancy firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. 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?1. Please list any classified material, export control requirements, security and/or access restrictions regarding your organisation
2. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. Have you completed one Internal Audit for all processes? **[ ]** Yes **[ ]**  No

 (Including closure of NCRs if any)1. Have you completed one Management Review after internal audit? **[ ]** Yes **[ ]**  No
2. When you propose to offer quality system for certification assessment?
3. Please indicate the desired frequency of surveillance audits in a three year cycle

**[ ]** 2 Annual **[ ]**  5 Six monthly 1. 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 |
|  |  |  |  |
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1. Can audit be performed in English? **[ ]** Yes **[ ]** No

 If not, please indicate the preferred language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Please identify any product related safety issues and ***organisational safety issues***

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2. Annual turnover (not mandatory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Authorised Signatory of applicant organisation  | Name & Designation  |
| Date: |  |

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