

NVT QUALITY CERTIFICATION PVT. LTD.

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APPLICATION FORM

COMMERCIAL-IN-CONFIDENCE WHEN COMPLETED

Organisation Ref. No. _____
(for NVT use only)

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		
If there are more than one site/address, please attach separate sheet to indicate details of addresses		
	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.

2. Description of Scope / Product / Services (Please indicate scope for each site)
Attach separate sheet in case there are more than two sites

Site	Scope	Product/ services
Head Office		
Site 1		
Site 2		

2A. Outsourced/sub contracted Processes:

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

- ISO 9001:2008 : i) NVT QC- (ANAB / NABCB) ii)- SOCOTEC Certification UK - (UKAS)
- ISO 9001:2015 : i) NVT QC- (ANAB / NABCB) ii) SOCOTEC Certification UK - (UKAS)
- AS 9100 C/D : NVT QC- (ANAB)
- AS 9110 B/C : NVT QC- (ANAB)
- AS 9120 A/B : NVT QC- (ANAB)
- ISO 14001:2004 : SOCOTEC Certification UK (UKAS)
- ISO 14001:2015 : SOCOTEC Certification UK - (UKAS)
- OHSAS 18001:2007 : 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, ISO 14001, OHSAS 18001: SOCOTEC Certification UK - (UKAS)
- ISO/TS 16949:2009 : DEKRA (IATF)

3a. Indicate applicable exclusions of standard's requirements (Clauses) with Justification:

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

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

5. 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.** You can attach the information in a separate sheet if required. **Attach separate sheet in case there are more than two sites**

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.

In case you have more than one site please answer the following:

- 5a. Do you need separate certificates for each site or a single certificate incorporating all site details?.
- 5b. Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate?
- 5c. Do you conduct one management review covering all sites or separate management reviews for each site?.
- 6A. Certification structure as per AS 9104/1 for AQMS: (tick whichever applicable)
 Single site Multiple site Campus Several sites Complex
- 6B. Certification structure for QMS: (tick wherever applicable)
 Single site Multiple site
7. 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 _____

8. 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
9. Have you engaged a consultant to assist you? Yes No

Name and address of consultant/consultancy firm _____

10. 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?

11. Please list any classified material, export control requirements, security and/or access restrictions regarding your organisation:

12. 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 _____

13. Have you completed one Internal Audit for all processes ? Yes No
(Including closure of NCRs if any)

14. Have you completed one Management Review after internal audit? Yes No

15. When you propose to offer quality system for certification assessment?

16. Please indicate the desired frequency of surveillance audits in a three year cycle

2 Annual 5 Six monthly (Please tick)

17. 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

18. Can audit be performed in English? Yes No

If not, please indicate the preferred language _____

19. Please identify any product related safety issues

20. Any other relevant information

21. Annual turnover (not mandatory) _____

Authorised Signatory	Name & Designation
Date:	