

*Name of Organization:			
Legal Status	<input type="checkbox"/> Private Limited / Limited <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> Proprietorship	<input type="checkbox"/> NGO / Trust <input type="checkbox"/> Govt. Organization <input type="checkbox"/> Part of Foreign Entity	
*Postal Address			
*Audit Location			
*Scope / Business Activities			
*Contact Person Name:		*Designation:	
*Phone		*Mobile No	
*Email:		*Website	
Certificate required			
*GST/ Tax Registration Number:			
Please write name of departments in your organization / company?			
Please write name of key processes / activities in your organization / company?			
*Statutory & Regulatory Requirements: (Related to your products / services / Organisation)			
*Outsourced Process (any work that you get done from outside): if any;			
Do you conduct any activity at client site or any other location (other than your organization)? If yes please describe the activity(s)			

TOP MANAGEMENT DETAILS			
Director /CEO/ Partner		Email ID	
		Mobile	
Director /CEO/ Partner		Email ID	
		Mobile	

INFORMATION ABOUT YOUR COMPANY (PLEASE TICK / COMPLETE AS APPROPRIATE)					
Design & Manufacturing	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Trader / Stockiest	<input type="checkbox"/>
Service Industry	<input type="checkbox"/>	Job Work	<input type="checkbox"/>	Any Other	

CERTIFICATION PROGRAMME REQUESTED					
Initial certification	<input type="checkbox"/>	Recertification	<input type="checkbox"/>	Transfer of Certificate	<input type="checkbox"/>

COMPANY EMPLOYEE INFORMATION							
Total number of employees:	<input type="text"/>	Skilled:	<input type="text"/>	Semi-Skilled:	<input type="text"/>	Unskilled:	<input type="text"/>
No of Permanent employees:	<input type="text"/>	No of Temporary employees:	<input type="text"/>				

WORK SHIFT			
Number of Shifts <input type="text"/>			
No of Employees (Shift 1): <input type="text"/>	No of Employees (Shift 2): <input type="text"/>	No of Employees (Shift 3): <input type="text"/>	
Timings : From <input type="text"/> to <input type="text"/>	Timings : From <input type="text"/> to <input type="text"/>	Timings : From <input type="text"/> to <input type="text"/>	

IF APPLICATION IS FOR MULTIPLE LOCATIONS	
Do you require a single certification for multiple location? (Multi-site certification for sites operating under a common management system under control of head office)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Individual certification for each business location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If yes, please attach list of sites (business addresses) along with activities carried out.

In case of multisite certification please fill the below information			
Site address	Number of employees in each shift		Total Number of Employees
Site 1:	Shift 1: Shift 3:	Shift 2:	
Site 2:	Shift 1: Shift 3:	Shift 2:	
Site 3:	Shift 1: Shift 3:	Shift 2:	
Site 4:	Shift 1: Shift 3:	Shift 2:	
TOTAL EFFECTIVE NUMBER OF EMPLOYEES			

IN CASE OF CERTIFICATE TRANSFER / RECERTIFICATION PLEASE FILL BELOW DETAILS	
Name of Certification Body:	
Accreditation:	
Standards:	
Issue Date:	
Expiry Date:	
Status of Current Certificate:	

ADDITIONAL INFORMATION	
Do you have a specific timescale for achieving certification?	
Have you hired a consultant for implementation?	
If yes, please provide details of consultant:	
Name of Management Representative:-	

TERMS AND CONDITIONS
<ul style="list-style-type: none"> This application form will be basis of deciding fee and audit planning (man-day, audit team, technical expert etc.). If any information varies this may lead to failure of certification process. In the event of failure of certification process due to hiding / misleading information, CDG will not be responsible for any loss (financial / others). In the case of transfer / renewal of certification, CDG is free to contact your previous certification body to verify the status of current certificate & status of any outstanding corrective actions or other queries related to your certification.

Declaration: I/we declare that the information provided in this application form is true & correct. I/we declare to abide by terms and conditions mentioned in this application form.			
Name		Seal & Signature	
Designation			
Date			