

	<b>SCK CERTIFICATIONS PRIVATE LIMITED</b>	Format No.	SCK-F-01
		Rev. No.	00
	<b>Application Form</b>	Date	01.09.2020

**Application Form (Please Complete in Detail and Forward to SCK)**

<b>Certification Type</b>	<input type="checkbox"/> ISO 9001:2015		
	<input type="checkbox"/> New registration <input type="checkbox"/> Re-Certification		
	<input type="checkbox"/> Transfer of registration from another certification body		
	(If Transfer provide the detail)		
Standard (s) applicable (please indicate as appropriate)- <input type="checkbox"/> ISO 9001 <input type="checkbox"/> Others {Please Specify}			
Name of Organization			
Address:			
State:		Country	Ph. No.-
Mobile No.-		Contact Person	
Email-		Website-	
No. of Sites and Shifts (if more than One Please provide the detail)			
Scope of Management System:			
Main Process:		Exclusions {If Known}:	
Legal Status of Company: (Public Ltd./ Pvt. Ltd./ Proprietorship/Partnership/Trust/Society/N.G.O.)			
Statutory & Regulatory requirements (Related to Product and Services) and Outsourced Process (if Yes, provide detail)			
Employees involved in Scope Applied	Full Time:	Part Time:	
	Employees Involved in Same and Repetitive Work:		
			Employees Involved in Shift:
Does your organization currently have any registrations granted by SCK Certification Services Private Limited or other certification bodies			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give certificate number(s) and expiry date and previous Audit Finding:			
Additional Information:			
<ul style="list-style-type: none"> <li>• Have you called on the service of a consultant?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• If Yes, please provide details</li> <li>• If any Business Associates involved other than marketing?</li> </ul>			
The above details help us provide an accurate quotation. All information is treated with strict confidentiality.			
Signature and Seal		Name of Signatory and Designation	
		Date	

**FOR SCK CERTIFICATIONS PRIVATE LIMITED USE ONLY: -**

<b>REVIEWED BY:</b>		<b>DATE:</b>	
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Can the application be further processed?