

	<b>SCK CERTIFICATIONS PRIVATE LIMITED</b>	<b>Format No.</b>	SCK-F-01
	<b>Application Form</b>	<b>Rev. No.</b>	02
		<b>Date</b>	09.09.2022

<b>Date of Application</b>									
<b>Name of the Company</b>									
<b>Address</b>									
<b>Website, Email and Phone number</b>									
<b>No of Sites</b>									
<b>Site 1 Address</b>									
<b>Site 2 Address</b> (For more site attach separate Sheet)									
<b>Contact Person Name and Designation</b>									
<b>Legal Status</b>		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>							
<b>Statutory and Regulatory Requirement</b>									
<b>Accreditation Required</b>		IAS <input type="checkbox"/>							
<b>Certification Scheme</b>		ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/> ISO 27001:2022 <input type="checkbox"/> ISO 22000:2018 <input type="checkbox"/> ISO 21001:2018 <input type="checkbox"/> ISO 37001:2016 <input type="checkbox"/>							
<b>Scope of Certification</b>									
<b>Exclusion if any</b>		<b>Clause</b>		<b>Justification</b>					
<b>Outsourced Process, If any</b>									
<b>No. of Employees</b>	<b>Location</b>	<b>Shifts</b>	<b>Full Time</b>	<b>Part time</b>	<b>Performing Same type of Job</b>	<b>Temporary Unskilled workers</b>	<b>Effective No. of Employees</b>		
	Site 1								
	Site 2 (Temporary)								
	<b>TOTAL</b>								
<b>Other Type of Employees (If Any):</b>									
<b>Certification Program Required</b>		Initial <input type="checkbox"/>		Surveillance <input type="checkbox"/>		Recertification <input type="checkbox"/>		Transfer <input type="checkbox"/>	
<b>Combined Audit {In Case of Integration}</b>		In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, please specify which combination of Standards:							
		Is Internal Audit is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is MRM is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is Manual, Procedures are Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is Implemented System is Integrated: <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Is Already Certified for any Standard</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		If Answer is Yes Mention Name of the Standard:					
<b>Is Consultants Involved</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		If Answer is Yes Mention Name of the Consultants:					
<b>Key Business Process Involved</b>									
<b>Additional Information Required</b>									
<b>EMS</b>		How many Sites the company is Managing at the same time? Do you have Register of Significant Environment aspect? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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	Do you have an Environmental Management Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Internal Environmental Audit Programme? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Internal Environmental Audit Programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any Environmental Accident Occur during last 05 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is there any Potential Emergency Situation for EMS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Explain {If Yes}</b>
<b>FSMS</b>	HACCP Implementation or Study Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No No of HACCP Studies ..... No of Sites..... No of Process Lines: ..... Processing is Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/>
<b>OHSMS</b>	<b>Hazard's Identified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Detail any critical occupational health &amp; safety risks identified?</b> <b>Any Dangerous Substances Present?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Explain {If Yes}:</b> <b>Is there any Accident Occur during Last Five Years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Explain {If Yes}:</b>
<b>Details of the Employees Working on the Site and involved in High-Risk Operations {If Any}</b>	
<b>ISMS</b>	Additional Information Required (Tick one in each box) Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country
<b>Any Confidential Information where Issues of Accessibility is there? {If Any}</b>	
<b>Business and organization Complexity</b>	
<b>Types of Business and regulatory Requirement</b>	1. Organization work in non-critical business sector and non-regulated sector <input type="checkbox"/> 2. Organization has customer in critical business sector. <input type="checkbox"/> 3. Organization works in critical business sector. <input type="checkbox"/>
<b>Process and Task</b>	1. Standard Process with standard and repetitive task i.e., lots of persons doing work under the organization's control carrying out the same tasks, few product or services <input type="checkbox"/> 2. Standard but not repetitive process with high number of products or services <input type="checkbox"/> 3. Complex Process, High number of products and services, many business units included in scope of certification <input type="checkbox"/>
<b>Level of establishment of the Management System</b>	1. ISMS is already well established and/or other management system is in place. <input type="checkbox"/> 2. Some elements of other Management system are implemented, others not <input type="checkbox"/> 3. No other Management system implemented at all, ISMS is new and not established. <input type="checkbox"/>
<b>IT Environment Complexity</b>	
<b>IT Infrastructure Complexity</b>	1. Few or highly standardized IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/> 2. Several different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/> 3. Many different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/>
<b>Dependency on outsourcing and suppliers including cloud services</b>	1. Little or no dependency on outsourcing <input type="checkbox"/> 2. Some dependency on outsourcing or suppliers, related to some but not all-important business activities. <input type="checkbox"/> 3. High dependencies on outsourcing or supplier, large impact on important business activities. <input type="checkbox"/>

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Information System Development	1. Non or very limited in-house system/application development <input type="checkbox"/> 2. Some in house or outsourced system/application development for some important business purpose <input type="checkbox"/> 3. Extension in house or outsourced system/application development for important business purpose <input type="checkbox"/>
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**DECLARATION:** The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.

<b>Name</b>		<b>Designation</b>		<b>Signature</b>	
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**SCK Official Use**  
**Can the Application Proceed for Application Review:**  Yes  No

<b>Name of Application reviewer</b>		<b>Signature</b>		<b>Date</b>	
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\*Delete or Leave whichever is not applicable