

QMS REGISTRARS
QMS Directorate
Department of Certification Services
www.qms.org.in
Application for Registration/Certification

Name of the Organization _____

Address for Correspondence _____

Location of the Units
(with addresses) _____

**Manpower &
Status of Units** *(LSI/MSI/SSI)* _____

Telephone _____

Fax _____

Email _____

Chief Executive _____

Contact Person(s) _____

Applied for

ISO 9001		ISO 14001	
ISO 22000		ISO 27001	
ISO 31000		ISO 16001	
ISO 20000		CE MARK	

**Details of consultant/organization
engaged for implementing
management system** _____
(if applicable)

QMS REGISTRARS

Additional Requirement *(for Product Certification)*

Nomenclature _____

Model/Type reference _____

Trade Mark _____

Standard _____

Details of inspection & test facilities *(for product certification)*

Details of product, process and/or services to be included in the scope of registration

DECLARATION

We agree to

- ◆ *Abide by the requirements of the Certification Body.*
- ◆ *Pay all applicable charges as prescribed by Certification Body.*
- ◆ *Inform certification body of any change(s) in the top management and product/process/services and abide by the decision of the Certification Body thereof.*
- ◆ *Undertake that, should any information furnished by us is found to be incorrect, the application may be rejected forthwith.*
- ◆ *Undertake to cease with immediate effect, use of certificate & logo in the event of withdrawal/cancellation of certification/registration and return the certificate and all related documents to the Certification Body.*

Enclosures:

I) One copy of quality manual

Signature _____

Name _____

Date: _____

Designation _____

Application Review:

(for office use only)

Date: _____

Signature _____
