

ICV CERTIFICATIONS PRIVATE LIMITED

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Ref no: ICV/...../QMS/...

Date :

Client's application Cum information form

For QMS Audit & Certification

1. Organization's Name:

Office address:

2. Name of the organization's head:

Designation:

Mobile/land line:

Email:

Website:

3. Legal status of the Organization: Proprietorship/Trust/Society/Partnership firm/ Pvt. Ltd./Ltd. Company/ Govt. dept
(Tick the correct one)

4. Audit site address:

Contact person's name:

Designation:

Mobile/ Phone:

E mail:

Number of skilled personnel:

Number of unskilled personnel:

Number of shifts:

(if there is more than one audit site please give address of each site and no. of skilled / unskilled personnel in each shift, in separate sheet as attachment to this form)

5. Management System standard to be audited:

QMS

6. Scope of the management system to be audited.

Clauses not applicable if any:

Product / service related any legal/ regulatory requirement:

7. Do you carry off site activities

Yes

No

8. Are you transferring your System ISO 9001 registration from another Certification Body

Yes

No

(if yes, which Certification Body ?)_____

9. Consultant's name & Mobile no. (if any):

10. Certification audits planned in the month of :

11. Date of last internal Audit:

12. Date of last MRM:

13. Do you want your certification status to be displayed on the web site?

14. Describe in brief your manufacturing / service process, or major equipments used. (specify any outsourced process)
(Use extra paper if required)

Applicant's Sign:

Name:

Designation:

Date