MTIC INTERCERT INDIA PRIVATE LIMITED

No. 116, 2nd Floor, 3rd Main Road,11th Cross, Margosa Road,
Malleswaram, Bengaluru – 560 003.
Tel: 080-41285610, Fax: 080-41285609

Application to MTIC InterCert India Private Limited for a Quotation for ISO 9001:2015 Registration (NABCB)

Company : Separate Application In case Two Different Companies are Operated by Same Management.	
Address :	
Post Code :	
Tel :	**Ext**
Fax	**Email :**
New Certification ☐	**Re-Certification** ☐
Top Management **Name :** **Title :** **Number of Sites : 0** (details of additional sites i.e. location/activities to be submitted on a separate sheet)	
Principal Products or Services provided by the Company	
Main Processes and Materials Used	
Scope for Certification (what do you do?)	
Details of consultant if used :	
Does your Organisation conduct any activities on clients' sites? ☐YES ☒ NO If YES list activity	
Does your organisation's Documented Information fully address ISO 9001:2015? ☒YES ☐ NO	
Does Organisation determines any requirements of ISO 9001:2015 as NOT APPLICABLE	

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☐ YES
☐ NO

If YES which are those and how are they justified?
If YES, Provide Justification for NOT APPLICABLE requirements of ISO 9001:2015.

Are there any externally provided processes (Outsourced)? If so, please detail them

Is the English language spoken by all staff, if not what other languages will we require to understand when doing the assessment?

Enclose applicable Statutory and Regulatory requirements
(GST Registration Certificate /Shops and Establishment/ ROC for address required on Certificate)

Company Employees : Please give manpower break up in the following column

Category/Description (e.g., Sales/Design, Manufacturing, Admin, Service – Department & shift wise manpower)	**Permanent Employees Number**	**Temporary Employees Number**
Sales/Marketing		
Production		
Quality		
Purchase & Stores		
Human Resources		
Design		
Installation/ Commissioning		
Maintenance/ Service		
TOTAL NUMBER		

Multi-Site Details:

Sites	**Address**	**Manpower**	**Shift**	**Scope**
Site 1				
Site 2				
Site 3				

Number of Shifts Operated _____ ____
Exclusive Process only in night shift/ seasonal based:
Previous Year Turnover _____

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Company Logo : Require company logo in the certificate ☐YES ☐ NO **If Yes , Please send the Logo in jpeg format** ***Please note : Logo will be placed after the company name (right side) only.***
Interested to go for EMS (ISO 14001) & OH&S (ISO 45001) Certification *(Dakks Accrd)* : ☐YES ☐ NO If Yes, Please ask for Questionnaire
Customer Sign **:** Position **:** Date **:**
MTIC InterCert India Private Limited Administration Review
Application completed satisfactory?
Comments
Within MTIC accredited scope?
Comments
Ready for Stage One
Comments
Ready for Stage two / SA1 / SA2 /RC
Comments
Auditors available?
Comments
Is the scope statement clearly defined?
Comments
Need to contact client to discuss revisions to enquiry?
Comments
Produce Quotation or regret letter and submit to client
Reviewed by (Name): Signature: Date: