

STQC Certification Services

STQC Directorate

Ministry of Electronics & Information Technology
Electronics Niketan, 6, C.G.O. Complex, Lodhi Road, New Delhi – 110003

www.stqc.gov.in

Application for Registration/Certification

Name of the (Organization			
Address for Co	orrespondence			
Location of the with addressed (use additional sheet locations of units, if temporary sites propero be covered under Manpower & Status of Unit	for multiple any including osed audit) ts (LSI/MSI/SSI)			
Chief Executi	ive (Name)			
Telephone		Landline :	N	Mobile :
Fax				
Email				
Contact Perso	on(s) (Name)		De	esignation
Telephone		Landline :	Mo	obile :
Email				
Relationships Applied for	ISO 9	larger organizati 9001:2015		afety Certification Scheme
	(for the scope of	S accreditation, please visit of	our website www.stqc.gov	<u>z.in</u>)
Organization	's website add	ress, if any:		
Have you eng for implemen If yes, please pro	iting manager	nsultant/organiza ment system?	tion Yes/No	



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Propose	A Scope of Certification incl		Registration/Certific	ation					
Propose	d Scope of Certification inci	uding exclusions	н ану						
Any rele	evant statutory/legal require	ments applicable	to the product/Service						
Details 0	of Shift (as applicable)								
Details of product, process and/or services, functions, manpower, technology and relationships:									
					Remarks				
S. No.	Organizational/ QMS Process	Typical Technical Infrastructure/	Number of Personnel Engaged in the	Function/Head Responsible	Kemarks				
		Machines Used	process	Responsible					
1.	Marketing/Sales		•						
2.	Design								
3.	Purchase								
4.	Production								
5.	QA								
6. 7.	Packaging, Storage and Delivery HR Function								
8.	Other Processes								
9.	O MICE I I OCCUSSES								
	Mention "not applicable" for the pr		inder the scope of certification						
	Attach additional sheets for each pr								
(iii)	Provide list of processes at each sit	te, in case of multi site	es under the proposed scope of ce	ertification					
Details	of Outsourced product	. process and/o	or services, if any						
S. No.		Key Suppliers/Vendors			Remarks				
B. 110.	Outsourced	ricy suppliers, vendors	controls applied		remarks				
1.									
2.									
3.									
4.									
Additio	onal Requirement (for Pr	oduct Certificatio	n Only)						
	•	ounce certification	n Only)						
Nomen	nclature								
Model	Type reference								
Trade									
Standa									
Sunda	<u></u>								
Details	of inspection, test facili	ties and techn	ical resources (for produ	uct certification)					
	separate sheet if required								
(unuch s	eparate sheet if required								
			 						
TT	3.5								
	u competed at-least one Mana		Yes/No						
	internal audit prior to making	tnis	Details:						
applicati	on ?								

Attachments*:

- 1. Copy of certification agreement
- 2. Preliminary information
- 3. Complaint and appeal process
- 4. Information on Certification process
- 5. Any normative requirement for certification as applicable

^{*}These documents can also be downloaded from our website www.stqc.gov.in. Fee/Charges details available on request.



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Ministry of Electronics & Information Technology Electronics Niketan, 6, C.G.O. Complex, Lodhi Road, New Delhi – 110003

www.stqc.gov.in

DECLARATION:

Application for Registration/Certification

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 termination/reduction/withdrawal/cancellation of certification/registration and return the certificate and all related documents to the Certification Body.
- ♦ Sign the Certification Agreement and abide by all the conditions stated therein Enclosures:

)	Payment through Bharatkosk/NEFT "Pay & Accounts Officer, MeitY"	Rect. No Date		
:)	Payable at : Location of Regional office, where application is deposited. One copy of document describing QMS/0	Amount Rs		
ii)	Signature			
		Name		
	Date:	Designation		
	cation Review:			
	filled by STQC Certification Services only)			
1.	The information provided is adequate to	1 1 0	Yes/No	
	a. Incase of no, additional information r	equired		
2.	Website details (where applicable) review	wed	Yes/No	
2.			Yes/No	
2.	Website details (where applicable) review a. Any Contradictory information/Add (If yes attach details in separate she	litional information found		
	a. Any Contradictory information/Add	litional information found	: <u>Yes/No</u>	
	a. Any Contradictory information/Ada (If yes attach details in separate she) The application is acceptable	litional information found et)		
3.	a. Any Contradictory information/Ada (If yes attach details in separate she) The application is acceptable	litional information found et)	: <u>Yes/No</u>	
3. 4.	a. Any Contradictory information/Add (If yes attach details in separate she) The application is acceptable If Not acceptable, state the reason and no	litional information found et) tify the client	: <u>Yes/No</u>	
3. 4.	a. Any Contradictory information/Add (If yes attach details in separate she) The application is acceptable If Not acceptable, state the reason and no If acceptable type of certification Acceptable	tify the client credited/ Non-Accredited	Yes/No	
3. 4.	a. Any Contradictory information/Add (If yes attach details in separate she) The application is acceptable If Not acceptable, state the reason and no If acceptable type of certification Acc Incase of accredited certification state NA	tify the client credited/ Non-Accredited	Yes/No	
3. 4. 5. 6.	a. Any Contradictory information/Add (If yes attach details in separate she) The application is acceptable If Not acceptable, state the reason and no If acceptable type of certification Acc Incase of accredited certification state NA	titional information found et) tify the client credited/ Non-Accredited ACE Code	: <u>Yes/No</u> Yes/No	
3. 4. 5. 6. 7.	a. Any Contradictory information/Add (If yes attach details in separate she) The application is acceptable If Not acceptable, state the reason and no If acceptable type of certification Accounts of accredited certification state NA Expected number of audit man-days*	titional information found et) tify the client credited/ Non-Accredited ACE Code	Yes/No	

. In case of reduction/increase in audit man-days attach justification on separate sheet (refer Sys P/10)

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