



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 Correspondence _____

Location of the Units with addresses _____

(use additional sheet for multiple locations of units, if any)

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

Chief Executive (Name) _____

Telephone Landline : _____ Mobile : _____

Fax _____

Email _____

Contact Person(s) (Name) _____ **Designation** _____

Telephone Landline : _____ Mobile : _____

Email _____

Relationships (if part of a larger organization) _____

Applied for ISO 9001:2015 Safety Certification Scheme

Others

(for the scope of accreditation, please visit our website www.stqc.gov.in)

Organization's website address, if any: _____

Have you engaged any consultant/organization Yes/No for implementing management system?

If yes, please provide details; _____



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Proposed Scope of Certification including exclusions if any

Any relevant statutory/legal requirements applicable to the product/Service

Details of Shift (as applicable)

Details of product, process and/or services, functions, manpower, technology and relationships:

S. No.	Organizational/ QMS Process	Typical Technical Infrastructure/ Machines Used	Number of Personnel Engaged in the process	Function/Head Responsible	Remarks
1.	Marketing/Sales				
2.	Design				
3.	Purchase				
4.	Production				
5.	QA				
6.	Packaging, Storage and Delivery				
7.	HR Function				
8.	Other Processes				
9.					

Note : (i) Mention “not applicable” for the processes not covered under the scope of certification
 (ii) Attach additional sheets for each product as required.
 (iii) Provide list of processes at each site, in case of multi sites under the proposed scope of certification

Details of Outsourced product, process and/or services, if any

S. No.	Process/Product/ service Outsourced	Key Suppliers/Vendors	Controls applied	Remarks
1.				
2.				
3.				
4.				

Additional Requirement (for Product Certification Only)

Nomenclature _____

Model/Type reference _____

Trade Mark _____

Standard _____

Details of inspection, test facilities and technical resources (for product certification)

(attach separate sheet if required) _____

Have you completed at-least one Management Review and One internal audit prior to making this application?	Yes/No Details:
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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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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 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:

- i) Payment through Bharatkosk/NEFT Rect. No. _____
 “Pay & Accounts Officer, MeitY ” Date _____
Amount Rs. _____
- Payable at* : Location of Regional office,
 where application is deposited.
- ii) One copy of document describing QMS/Quality Manual
Signature _____
Name _____
Date: _____ Designation _____

Application Review:

(To be filled by STQC Certification Services only)

1. The information provided is adequate to develop audit program. Yes/No
 a. Incase of no, additional information required

2. Website details (where applicable) reviewed Yes/No
 a. Any Contradictory information/Additional information found: Yes/No
(If yes attach details in separate sheet)
3. The application is acceptable Yes/No
4. If Not acceptable, state the reason and notify the client

5. If acceptable type of certification Accredited/ Non-Accredited
6. Incase of accredited certification state NACE Code _____
7. Expected number of audit man-days
 (Stage 1+Stage2) as per SYS-P10/IAF MD5 _____

Date: _____ Signature _____

Note: The certification requirement of STQC Certification Services can change at any time. STQC will notify the same to its clients as and when such changes are made.