

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 including temporary sites proposed to be covered under audit)			
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 organiza	tion)	
Applied for ISO 9	0001:2015		Safety Certification Scheme
Others Type of Assessment			t our website www.stqc.gov.in) /Recertification
Organization's website add	ress, if any:		
Have you engaged any confor implementing manager If yes, please provide details;	ment system?	zation Yes/No	



Proposed Scope of Certification including exclusions if any

STQC Certification Services STQC Directorate

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

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Application for Registration/Certification

Infrastructure/ Machines Used Process 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 act ach 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 Rey Suppliers/Vendors Controls applied Remarks Outsourced 1. Q. 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 competed at-least one Management Review and One internal audit prior to making this application? Attachments*: Attachments*:						
Details of Shift (as applicable) Details of product, process and/or services, functions, manpower, technology and relationships: S. No. Organizational/ QMS Process Typical Technical Number of Personnel Function/Head Remarks						
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	Attachn	nents*:	4			

- 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.



STQC Certification Services STOC Directorate

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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

Enclo	sures:						
i)	Payment through Bharatkosh/NEFT	Rect. No					
	"Pay & Accounts Officer, MeitY"	Date					
	D 11 (1 () CD () 1 (C')	Amount Rs					
	Payable at: Location of Regional office, where application is deposited.						
ii)	One copy of document describing QMS/Quality Manual						
	1,	Signature					
		Name	 				
	Date:	Designation					
	cation Review:						
	filled by STQC Certification Services only)	41	X 7/ N 1				
1.	The information provided is adequate to develop audit program. Yes/No a. Incase of no, additional information required						
	a. Thease of no, additional information i	equired					
2							
2.	\ 11 /		Yes/No Yes/No				
	a. Any Contradictory information/Additional information found: Yes/No (If yes attach details in separate sheet)						
3.		()	Yes/No				
4.	If Not acceptable, state the reason and no	tify the client					
5.	If acceptable type of certification Acc	credited/ Non-Accredited					
6.	Incase of accredited certification state NA						
7.	Type of Risks and Complexity (as per		\Low				
8.	Expected number of audit man-days*						
	(Stage 1+Stage2) as per SYS-P10/IAF M	ID5					
	(Stage 1 Stage2) as per 5 15 1 10/11 in						
Date		Signature					

STQC Certification will notify the same to its clients as and when such changes are made.

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

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