



**STQC Certification Services
STQC Directorate**

Department of Electronics & Information Technology
Ministry of Communication & 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 _____

Applied for

ISO 9001

Safety Certification Scheme

Others

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

**Details of consultant/organization
engaged for implementing
management system** _____

(if applicable)

Additional Requirement (for Product Certification)

Nomenclature _____

Model/Type reference _____

Trade Mark _____

Standard _____

Any relevant statutory/legal obligations _____

Relationships (if part of a larger organization) _____

Details of inspection ,test facilities and technical resources (for product certification)
(attach separate sheet if required)____

Details of product, process and/or services to be included in the scope of registration

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

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) Demand draft drawn in *favour of* DD No. _____
"Pay & Accounts Officer, DeitY" Date _____
Amount Rs. _____

Payable at : Location of Regional office,
where application is deposited.

- ii) One copy of quality manual
- Signature _____
Name _____
Date: _____ Designation _____

Application Review:

(for office use only)

Date: _____ Signature _____