# 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 organization)** _____

**Applied for**

☐ ISO 9001:2015                  ☐ Safety Certification Scheme

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

**Type of Assessment**          Initial  /   Scope Change   /Recertification

***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 certiification
   (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 competed at-least one Management Review and One internal audit prior to making this application? | `Yes/No` `Details:` |
|---|---|

**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 Bharatkosh/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 application is registered with registration number: _____
2.  The information provided is adequate to develop audit program.    **Yes/No**
    a.  Incase of no, additional information required

    _____
    _____

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

    _____
    _____

6.  If acceptable type of certification      Accredited/ Non-Accredited
7.  Incase of accredited certification state NACE Code_____
8.  **Type of Risks and Complexity (as per SYS-P-10)  High/Medium/Low**
9.  Expected number of audit man-days*
    (Stage 1+Stage2) as per SYS-P10/IAF MD5 _____

 Date: _____                 Signature _____

Note:  1. The certification requirement of STQC Certification Services can change at any time.
          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)