# APPLICATION FORM For Approval of CSP Audit Organisation/Auditors April 2017 (CSP-02-01), Issue-1

STQC Directorate,
Ministry of Electronics & Information Technology,
Electronics Niketan, 6 CGO Complex, Lodi Road,
New Delhi – 110003.

# **APPLICATION FORM**

1. Audit Organisation	1.	Audit	Organisation	on:
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Name of the Audit Organi	sation: (Permanent	
Facility)		
Address:		
Telephone No.:		
E-mail:		
Website:		
Multi-location? If Yes, pl. & local contact details.	enclose list with addresses	
name of authority who 2.1 Copy of legal identity 2.2 Copy of ISO 9001 cer	granted the registration). End y/certificate of Incorporation. tificate covering CSP auditing of cations/accreditations if any of	
Telephone No.	Mobile No.	Email ID
4.2 Person responsible for Telephone No.	the organisation management	t system:
4.3 Person responsible for	Technical operations:	
Telephone No.	Mobile No.	Email ID
4.4 Contact person for inte	eracting with STQC:	
Telephone No.	Mobile No.	Email ID

## 5. Organization Chart

- 5.1. Indicate in an organization chart the operating departments of the Audit Organisation for which approval is being sought (please append)
- 5.2 Indicate how the audit Organisation is related to external organizations or to its own parent organization (where applicable)
- 5.3 How do you establish independence of Audit Organisation from other activities of the parent organization?

### 6. Auditors

S. no	Name	Designation	Academic and	Experience	Total
			Professional	related to	Experience
			Qualifications	present work	
			with field of	(in years)	
			specialization		

## 7. Declaration by the Audit Organisation:

We declare that -

- 7.1 We are familiar with the terms and conditions of maintaining approval as per Approval Criteria **CSPCS-01-03** and will abide by them.
- 7.2 We agree to comply fully with ISO/IEC 17021 based Approval Criteria for the approval of audit organisation.
- 7.3 We agree to comply with approval procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 7.4 We agree to co-operate with the assessment team appointed by STQC Approval Body for examination of all relevant documents by them and their visits to those parts of the audit organisation that are part of the scope of accreditation.
- 7.5 We satisfy all national, regional and local regulatory requirements for operating an audit organisation.
- 7.6 All information provided in this application is true.

Signature of Head of Audit Organisation
Name & Designation

Place :
Date :

- 8. Enclosures:
  - 1. Certificate of Incorporation
  - 2. Quality Manual