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 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. **Type of Risks and Complexity (as per SYS-P-10) High/Medium/Low**

8. 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)