

NVT QUALITY CERTIFICATION PVT. LTD.

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APPLICATION FORM

Please complete this questionnaire and include brochures or publicity material which demonstrates your organisation's scope of operation, for preparation of a proposal for certification of your management system

| | | |
|--|---|---------------------|
| 1. Organisation name | | |
| Address | | |
| | City | Pin code |
| <i>If there are more than one site(permanent or temporary) /address, please attach separate sheet to indicate details of addresses</i> | | |
| | City | Pin code |
| | | |
| | City | Pin code |
| Legal status (tick wherever applicable) | <input type="checkbox"/> Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary | |
| GST No. and PAN No. | | |
| Approval from Regulatory/ and statutory authorities & validity | | |
| Telephone (including ISD & STD code) | | |
| Fax (including ISD & STD code) | | |
| Website | | |
| Email | | |
| Chief Executive (Name) | | |
| | Email | Mobile / Direct no. |
| Management Representative (contact person) (Name) | | |
| | Email | Mobile / Direct no. |

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2. Description of Scope / Product / Services (Please indicate scope for each site)
 Attach separate sheet in case there are more than two sites
 (Processes include: management process, QMS/AQMS process, HR process, planning process, business development process, design process, purchase process, production/service process)

| Site | Scope and Processes | Product /Services |
|-------------|-------------------------------|-------------------|
| Head Office | Scope ---- Processes ----- | |
| Site 1 | Scope ---- Processes ----- | |
| Site 2 | Scope ---- Processes ----- | |

3. Outsourced/sub contracted Processes: (Attach list of subcontractors)

| Name of the Subcontractor with scope of work | Location | Contact | % of subcontractor |
|--|----------|---------|--------------------|
| | | | |
| | | | |
| | | | |

4. To which standard you wish to be assessed and certified?

- ☐ ISO 9001:2015 : ☐ ANAB ☐ NABCB) ☐ SOCOTEC
☐ AS 9100 D : ANAB
☐ AS 9110 C : ANAB
☐ AS 9120 B : ANAB
☐ ISO 14001:2015 : SOCOTEC Certification UK - (UKAS)
☐ ISO 45001:2018 : SOCOTEC Certification UK - (UKAS)
☐ ISO 50001:2011 : SOCOTEC Certification UK - (UKAS)
☐ ISO 22000:2005 : SOCOTEC Certification UK - (UKAS)
☐ ISO 27001:2013 : SOCOTEC Certification UK - (UKAS)
☐ IMS (ISO 9001
 ISO14001& ISO 45001) : SOCOTEC Certification UK - (UKAS)
☐ ISO 45001:2018 : SOCOTEC Certification UK - (UKAS)

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5. Indicate requirements not applicable of standard's (clauses) with Justification:

6. Is your company part of a larger organization? Yes ☐ No ☐

If Yes, please give the name of the larger organization_____

7. Fill out the following table with the facilities/sites that you would like to be included in your registration: **This information is REQUIRED to provide you with a quote. Attach separate sheet if required.**

| Business at Permanent or Temporary Sites | | Total number of Employees: | | | | | | | |
|---|-------------|----------------------------|----|------------------|----|-------------------|----|--------------------|----|
| | | Early shift Timing | | Day shift Timing | | Late shift Timing | | Night shift Timing | |
| | | From | To | From | To | From | To | From | To |
| Shift timings → | | | | | | | | | |
| 1. Distribution of employees shift wise | Head Office | | | | | | | | |
| | Aviation | | | | | | | | |
| | Space | | | | | | | | |
| | Defence | | | | | | | | |
| | Automotive | | | | | | | | |
| | Others | | | | | | | | |
| 2. Distribution of employees shift wise at Permanent or Temporary Sites | Site 1 | | | | | | | | |
| | Aviation | | | | | | | | |
| | Space | | | | | | | | |
| | Defence | | | | | | | | |
| | Automotive | | | | | | | | |
| | Others | | | | | | | | |
| 3. Distribution of employees shift wise at Permanent or Temporary Sites | Site 2 | | | | | | | | |
| | Aviation | | | | | | | | |
| | Space | | | | | | | | |
| | Defence | | | | | | | | |
| | Automotive | | | | | | | | |
| | Others | | | | | | | | |

Note 1: Indicate no. of full time employees involved within the scope of certification

Note 2: Indicate no. of part time employees and converted to an equivalent full time employees involved within the scope of certification. (Based on their number of working hours)

Note 3: Indicate no. of temporary skilled employees involved with in the scope of certification

Note 4: Indicate shift timings for early shift, day shift, late shift and night shift. Distribute total no. of employees (full time, part time and temporary as indicated above) among the shifts.

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8. Certification structure as per AS 9104/1 for AQMS: (tick whichever applicable)
- ☐Single site ☐Multiple site ☐Campus ☐Several sites ☐Complex
9. Certification structure for QMS: (tick wherever applicable)
- ☐Single site ☐Multiple site
10. In case you have more than one site please answer the following:
- a) Do you need separate certificates for each site or a single certificate incorporating all site details?
- b) Do you have a single MR controlling QMS of all sites or separate MR for each site. From where does the MR operate?
- c) Do you conduct one management review covering all sites or separate management reviews for each site?
11. Please indicate if you have any special processes as defined in standard like plating, painting, heat treatment, welding, soldering, crimping etc.)
- ☐Yes ☐No
- If yes, give details_____
12. Please indicate if security or confidentiality clearance is necessary for NVT QC auditors/Accreditation Body auditors/IAQG observers carrying out assessment duties anywhere within your organisation.
- ☐Yes ☐No
13. Have you engaged a consultant to assist you? ☐Yes ☐No
- Name and address of consultant/consultancy firm_____
14. Please list existing certification, if any (If not certified by NVT QC)
- Standard
 Certification body
 Accreditation body
 Validity of certification
Please attach a copy of the certificate
 Date of last audit
 Any outstanding nonconformities of previous audit?
15. Please list any classified material, export control requirements, security and/or access restrictions regarding your organisation:
16. Is your quality system documentation available for review ☐Yes ☐No
- If no, please indicate when your management system documentation will be made available for review _____
- If yes, how long has it been fully practised _____
17. Have you completed one Internal Audit for all processes? ☐Yes ☐No
 (Including closure of NCRs if any)
18. Have you completed one Management Review after internal audit? ☐Yes ☐No
19. When you propose to offer quality system for certification assessment?

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20. Please indicate the desired frequency of surveillance audits in a three year cycle

☐ 2 Annual ☐ 5 Six monthly

21. List of major current/potential customers

| List of Major Current (C)/Potential (P)/Aviation, Space, Defence, Automotive & other Major Customers | | | |
|--|----------|---------|---------------|
| Customer | Location | Contact | % of Business |
| | | | |
| | | | |
| | | | |
| | | | |

22. Can audit be performed in English?

☐ Yes ☐ No

If not, please indicate the preferred language _____

23. Please identify any product related safety issues and **organisational safety issues**

24. Any other relevant information (**Any relationship with NVT QC**) _____

25. Annual turnover (not mandatory) _____

| | |
|--|--------------------|
| Authorised Signatory of applicant organisation | Name & Designation |
| Date: | |

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