

Date of Application											
Name of the Company											
Address											
Website, Email and											
Phone number											
No of Sites											
Site 1 Address (For more site											
attach separate Sheet)											
Contact Person Name											
and Designation											
Legal Status		Com	pany: Priv	vate 📃 🛛 Pu	olic 🗌 Proj	prietorsł	nip 🗌	Par	tnership		
			t Underta		U 🗌 N	NGO			Other		
Statutory and Regulatory											
Requirement											
Accreditation Required		NABO	СВ 🗌								
Certification Sc		ISO 9	001:2015								
Scope of Certifi	cation										
Exclusion if any		Claus	se	Justification							
Exclusion in any					-						
Outsourced Process, If											
any											
No. of	Location		Shifts	Full Time	Part time	Perfor	ming	Tem	porary	Any	Other
Employees		Sints			i art time		Same type of		killed	Workers	
Employees							type of				3
Employees	At Organiza	tion				Job		wor			5
Employees	At Organiza	tion									
Employees	At Organiza At Site	tion									.
Employees	_	tion									.
Employees	_	tion									.
Employees	At Site	tion									
Certification Pro	At Site TOTAL	tion	1	Surveilla	nce			wor			-
	At Site TOTAL		1	Surveilla	nce	Job		wor	kers		-
Certification Pr	At Site TOTAL ogram			Surveilla	nce	Job		wor	kers		
Certification Pro	At Site TOTAL ogram	Initia Yes				Job		wor	kers		
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*Delete or Leave whichever is not applicable