

**ACK CERTIFICATIONS PRIVATE LIMITED****Format No.**

ACK-F-01

Rev. No.

01

Application Form**Date**

01.07.2021

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		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>					
Statutory and Regulatory Requirement							
Accreditation Required		NABCB <input type="checkbox"/>					
Certification Scheme		ISO 9001:2015 <input type="checkbox"/>					
Scope of Certification							
Exclusion if any		Clause	Justification				
Outsourced Process, If any							
No. of Employees	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Any Other Workers
	At Organization						
	At Site						
	TOTAL						
Certification Program Required		Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>		
Is Already Certified for any Standard		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:					
Is Consultants Involved		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:					
Key Business Process Involved							
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.							
Name		Designation		Signature			
ACK Official Use							
Can the Application Proceed for Application Review: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Application reviewer		Signature		Date			

*Delete or Leave whichever is not applicable