## Form - ISO 9001:2008 Certification

:: Contact Person Details ::		
Name *		
Address *		
Email *		
Phone No *		
ORGANIZATION DETAILS		

Name of Organisation *	
Full Address and Pin Number *	
Address 2 (if Exist)	
Telephone Number:	
Mobile Number	
Contact Person name *	
Position or Designation *	
Email ID *	
Website	

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No. of Employees *		
Daily Basis *		
Type of Industry		
Type of Work *	<ul><li>Single Shift</li><li>Multi Shift</li><li>Multi and Single Shift</li></ul>	
Total Turnover during Last Financial Year(approx) *		
Consulting Organization (if): *		
Legal Registration Status (Provide Details of Activity) *		
CERTIFICATION AND ACCREDITATION  Disclaimer regarding use of consultancy services: QCL Certification Pvt. Ltd. does not warrant or agree with any statement or suggestion that Certification would be simpler or easier if any particular consultancy service was used in the creation or prepar  Accreditation Want *  - select -		
AUTHORIZATION		
Signed & Stamp *	Browse No file selected.	
Organization Name *		
Position or Designation *		
DOCUMENTS REQUIRED		
Address Proof of the Organization *	Browse No file selected.	

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Letter Head of the Organization *	Browse No file selected.
Govt. Registration or License Proof *	Browse No file selected.
Copy of PAN Card of the Organization/Owner(In Case of Firm) *	Browse No file selected.
Copy of MOA of Organization in case of Pvt. Ltd./Or Limited Organization *	Browse No file selected.

## SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	
IF Yes, Give the Sponsored Username	

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