Form - ISO 14001:2004 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	

1 of 3 05-01-2021, 12:33

Ashadip	PSC	Admin	
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No. of Employees *	
Daily Basis *	
Type of Industry	
Type of Work *	Single ShiftMulti ShiftMulti and Single Shift
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

	O DAC
	O JAS_ANZ
	○ NABCB
	OUKAS
	○ KAN
Accreditation Want *	ОВІААСВ
	○ QAC
	○ UK
	European Accreditation
	O Other
	○ Independent

2 of 3 05-01-2021, 12:33

AUTHORIZATION

Signed & Stamp *	Browse No file selected.
Organization Name *	
Position or Designation *	

DOCUMENTS REQUIRED

Address Proof of the Organization *	Browse No file selected.
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

IF Yes Cive the Spangared Hearnems	
IF Yes, Give the Sponsored Username	

3 of 3