WEBSITE

Form - OHSAS 18001 Certification

:: Contact Person Details ::			
Name *			
Address *			
Email *			
Phone No *			
ORG	GANIZATION DETAILS		
NAME OF ORGANIZATION *		_	
FULL ADDRESS WITH PIN NO *			
FILL ADDRESS 2 (if exist)			
TELEPHONE NO			
MOBILE NUMBER *			
CONTACT PERSON NAME *			
DESIGNATION *			
E-MAIL ID			

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SIGNATURE & STAMP *

NO. OF PERMANENT EMPLOYEES *			
NO. OF DAILY BASIS EMPLOYEES *			
TYPE OF INDUSTRY			
TYPE OF WORK *	Single ShiftMultl 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			
ACCREDITATION WANT *	- select -		
AUTHORIZATION			
SIGNATORY PERSON NAME *			
DESIGNATION *			

DOCUMENTS REQUIRED

Browse... No file selected.

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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

SPONSORED NAME *	○ Yes ○ No
IF Yes, GIVE THE SPONSORED USERNAME	

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