
	UNIVERSAL CERTIFICATION SERVICES PVT. LTD.	Format No.	UCSPL-F-01/EHS
		Rev. No.	01
	Application Form		Date

Date of Application								
Name of the Company								
Address								
Website, Email and Phone number								
No of Sites								
Site 1 Address		NA						
Site 2 Address (For more site attach separate Sheet)		NA						
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		KAB <input checked="" type="checkbox"/>						
Certification Scheme		ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/>						
Scope of Certification								
Exclusion if any		Clause		Justification				
Outsourced Process, If any		NA						
No. of Employees 10	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Effective No. of Employees	
	Site 1			NA	NA	NA	NA	
	Site 2 (Temporary)	NA		NA	NA	NA	NA	
	TOTAL							
Certification Program Required		Initial <input checked="" type="checkbox"/>		Surveillance <input type="checkbox"/>		Recertification <input type="checkbox"/>		Transfer <input type="checkbox"/>
Combined Audit		In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, please specify which combination of Standards: NA						
		Is Internal Audit is Combined: Yes No <input checked="" type="checkbox"/>						
		Is MRM is Combined: Yes No <input checked="" type="checkbox"/>						
		Is Manual, Procedures are Combined: Yes No <input checked="" type="checkbox"/>						
		Is Implemented System is Integrated: Yes No <input checked="" type="checkbox"/>						
Is Already Certified for any Standard		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Answer is Yes Mention Name of the Standard: 9001:2015						
Is Consultants Involved		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Answer is Yes Mention Name of the Consultants: NA						
Key Business Process Involved		Manufacturing, Marketing, Administration, Accounts., human resources						
Additional Information Required								
EMS		How many Sites the company is Managing at the same time? - Do you have Register of Significant Environment aspect? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have an Environmental Management Manual? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have an Internal Environmental Audit Programme? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the Internal Environmental Audit Programme been implemented? Yes <input type="checkbox"/> No <input type="checkbox"/>						

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OHSMS	Hazard's Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No Detail any critical occupational health & safety risks identified? Ginger Cut, Eye Injury				
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	Proprietorship	Signature	
UCSPL Official Use					
Can the Application Proceed for Application Review: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Application reviewer		Signature		Date	

*Delete or leave whichever is not applicable