



TQ SERVICES

MANAGEMENT SYSTEM CERTIFICATION

APPLICATION

Name & address of the Organisation:

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Tel. No.:	Fax No.:
Email :	

Weekly Holiday: Office / works :

Travel related Data	Approximate distance to location (KMs)
Nearest Airport: Nearest Railway station:	

Certification required for: **ISO 9001: 2008** **ISO 9001: 2015** **ISO 14001**
Integrated Mgt System

Scope of certification being sought; (Scope to cover products/services and important functions. If multiple sites exist, pl provide the details of scope for each location using additional sheets as required)	
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Any relevant statutory and regulatory compliances:

Is the Organization responsible for Design function? Yes No

Contact Person / Designation:

Management Representative:

Type of company (Public sector / private / proprietary **and Small Scale / Medium Scale / Large Scale**):



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Organisation registered as legal entity with:

Part of MNC/Corporate group:

Outsourced process (if any):

Subsidiaries / Associate Companies:

Organisation Chart : Please **attach** separate sheet

Process flow chart : Please **attach** separate sheet.

The details of No. of employees and Manufacturing / Service location(s) and any support location(s) with addresses which are to be covered in certification. (Example : any other manufacturing sites, design, marketing, sales, purchase etc.,). To provide details of contact person, contact phone, fax and mail address.

Number of employees					
		Head Office	Site 1	Site 2	
1	Management				
2	Research and Development / Design				
3	Manufacturing				
4	QC / QA, labs				
5	Marketing / Sales				
6	Others–Stores, Admn, purchase etc				
7	Outsourced / Contract personnel				
8					
9					
	Total				

Details of personnel in shift working

Site, address and contact person details	Gen shift	1 st shift	2 nd shift	3 rd shift



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Support Locations, address and contact person details	No of employees

(Please use separate sheet if page is insufficient.)

Turn Over last year : _____

Exports

- a) to EC - Countries : _____
- b) Other Countries : _____

Do you have any consultant for ISO 9001 / ISO 14001 Certification: **YES** / **NO**

Consultancy Agency (if applicable): _____

Since how long have you been preparing for ISO 9001 / ISO 14001 Certification? _____

On a scale of 1 -10, (1 means absolutely unprepared and 10 means ready for Certification) where would you place your organisation: _____

Additional info for EMS ISO-14001 – (Pl. give in Annexure-1).

The Management is committed to

- To comply with the requirements of the standard and any applicable legal & other regulatory requirements and for continual improvements.
- Provide any necessary information required for evaluation of the system to TQ SERVICES

<p>PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO :</p> <p>CHIEF OF CERTIFICATION , TQ SERVICES Splendid Tower, 6th Floor H. No. 1-8-364,437,438 & 445, Begumpet Hyderabad-500003, Telangana, India</p>	<p>Signature of Authorised Representative & Date:</p>
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TATA PROJECTS
QUALITY SERVICES

TQ SERVICES

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APPLICATION

Annexure 1 (ONLY FOR EMS)

1. Significant Aspects involving pollution – air, water, land, noise, hazardous waste, chemicals, radiation, etc.,)

2. Indicate applicable legal & regulatory requirements and consents & their current status

3. Provide details of workshops, waste pits, LPG / oil storage tanks, Utilities, Effluent Treatment Plant (ETP), Water Treatment plant and common ETP, Canteen, Garages, Medical aid centres etc.,