BQSR QUALITY ASSURANCE PRIVATE LIMITED

Application form

Date of Application							
Name of the Company							
Address							
Website, Email and Phone number							
No of Sites							
Site 1 Address							
Site 2 Address (For more site attach separate Sheet)							
Contact Person Name and Designation							
Legal Status	Company : Private ☐ Public ☐ Proprietorship ☐ Partnership ☐ Govt Undertaken ☐ PSU ☐ NGO ☐						
Statutory and Regulatory Requirement							
Certification Scheme	ISO 9001:2015						
Scope of Certification							
Accreditation							
Non Applicability of clause, if any	Clause	Justification					
Outsourced Process, If any							
No of Employees	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Effective No. of Employees
	Site 1						
	Site 2						
	TOTAL						
Certification Program Required	Initial ☐	Surveillance ☐	Recertification ☐	Transfer ☐			
Is Already Certified for any Standard	Yes ☐ No ☐ If Answer is Yes Mention Name of the Standard:						
Is Consultants Involved	Yes ☐ No ☒ If Answer is Yes Mention Name of the Consultants:						
Key Process Involved							
Additional Information Required							
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**		**Signature**			
BQSR Official Use **Can the Application Proceed for Application Review :** ☐ Yes ☐ No							
Effective no of employees		Name & Sign of Application reviewer		Date			