



ROBUST CERTIFICATIONS PVT. LTD.

H – 15, SECTOR 63, G.B. NAGAR, NOIDA – 201301

Email : admin@robustcertifications.com,

Web: www.robustcertifications.com

Application Form

Please complete this questionnaire and forward it to ROBUST CERTIFICATIONS PVT. LTD., who will then provide you with a written proposal.

Organization Name									
Address									
Address of Additional sites if any:									
Contact Person Name		Position							
Tel. Number		Mobile No.							
E-mail		Website.							
Standard Required:- ISO 9001: 2015									
Scope for Certification:									
Exclusions & Justification:									
Process & Operations:-									
Identification of Outsource Processes:									
*Total No. of Shifts:	Total No. of Personnel								
	*No. of Personnel Permanent (Full Time):								
	*No. of Personnel Contract based (Full Time):								
	*No. of Personnel (Part Time) with working hours details:								
	*No of Personnel working offsite such as drivers, service operators, etc.								
*Employee Details	Shift	Management/ Admin/ HR/ Office Staff	Production /Service Provision/ QA/Industri al Staff etc.	Design Staff	Unskilled workers	Driver	Temporaries	Casuals	Trainees
*Full Time Employees	G								
	A								
	B								
	C								
*Part Time/ Contract Based Personnel	G								
	A								
	B								
	C								



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*Please Detail as follows (if applicable):

S. No.	Shifts	Timings	Processes /Activities
1.	General Shift (G)		
2.	Morning Shift (A)		
3.	Day Shift (B)		
4.	Night Shift (C)		

Approx. number of sub-contractors used on average (if applicable).		Describe the type of work subcontracted (if applicable).	
Legal and Statutory Requirements		Certified in other systems	

Audit Mode Physical/ Onsite Virtual/Remote

Details of Virtual Site if any:

If Virtual/Remote Audit then please fill the Annexure-1 (annexure-1 indicates the basic requirements to fulfil the IAF Mandatory Document for auditing purpose via ICT method)

Attention Here- Available facilities and infrastructure at end of the client-side regarding ICT will be on priority and considered on the bases of the scope mentioned in the application form. However, in the failure of the ICT requirements, RCPL will have all right to take the alternative/final decision.

***Do you operate at a temporary site?** YES NO

If Yes; No. of Temporary Sites & Details:

S. No.	Location	Total Employees	Activities	Opening Date of Temporary Site	Expected Closing Date of Temporary site

Please add rows as per the requirement and complete the table. Please use one row to fill the information of one site only)



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In Case of Transfer from other Certification Bodies			
Certification Body Name & Accreditation	Certificate		
	Expiry date		
Last Audit Date	<u>Attach Last Audit Report and Certificate</u>		
When will you be ready for stage one Audit?			
Certification programme Requested Initial Registration, Recertification, Transfer Cum Surveillance			
Were you assisted by a consultant in developing your Management System? Yes/No		If Yes, Name of Consultant	
Do you currently hold any other third party Registrations?			
Client Signature		Date	

ROBUST CERTIFICATIONS PVT. LTD.. Use Only.	
Application reviewed by Auditor TC/Coded Auditor/T.E.(If reqd.)	Verified by CM:
Application Fee Received Yes No If not received, Application will not be processed	Can Application be further processed? Yes No
If application is rejected specify the reason?	