

Method of filling: all the fields to be completed, use tick mark (✓/☑) where appropriate, where not applicable put N.A. or “ – “

### 1. DATA OF ORGANISATION APPLYING FOR CERTIFICATION –

Organization name:	
Address of site to be audited:	
Office address:	
Contact person with designation:	
Telephone / Mobile:	
E-Mail Id and Web-site if any:	
GSTIN Number:	

### 2. COMPANY STRUCTURE –

Legal status: ☐ Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Trust

If any branch offices, subsidiary company / Group companies: ☐ Yes ☐ no

Any legal (Statutory and Regulatory) obligations applicable to your product/ service ? ☐ Yes ☐ no

(If yes please specify):

### 3. CERTIFICATION REQUIREMENT – Please Tick mark (✓/☑)

Type of certification requested: <input type="checkbox"/> FIRST CERTIFICATION, <input type="checkbox"/> RECERTIFICATION, <input type="checkbox"/> EXTENSION [Special audit ( <input type="checkbox"/> SCOPE <input type="checkbox"/> SITE)], <input type="checkbox"/> TRANSFER OF CERTIFICATE (CHANGE OF CB)
Standard applied for: <input type="checkbox"/> ISO 9001: 2015 or Other _____
Accreditation requirement: <input type="checkbox"/> NABCB or Other _____
Please mention your requirement regarding Scope / Activity to be certify:

### 4. IS YOUR ORGANISATION HAVING MULTISITE? ☐ Yes ☐ no

If yes please specify what functions are performed centrally (eg. Marketing, Purchasing, Top Management, HR, Contract review, Customer Care etc...):-

List all site/s to be covered (Please use hierarchal structures i.e. firstly mention central office/Head office then other sites):

Site	Address of site/s	Processes/Operations/ Function	N <sup>o</sup> employees
Site 1			
Site 2			
Site 3			
Note : For more sites may attach annexure with the same formatting as above.			

### 5. FOR THE EMPLOYEE STRUCTURE OF ORGANISATION. (Employee information by as per each Site and Shift wise)

**Site: 1** (For additional Sites please attach annexure in the same format.)

Department		General shift		IF ORGANISATION WORKING UNDER SHIFT					
				Shift I		Shift II		Shift III	
		Permanent	Contract	Per.	Contract	Per.	Contract	Per.	Contract
Top management, Administrative staff (for Marketing, HR, Purchase, Design and development, etc...)									
Production/ Quality	Management and Supervisory Staff								
	Operators								
	Helpers								
Others if any _____									
Others if any _____									
*Total N° Employee									

Note: Personnel involved in the management system is meant partners + employees + collaborators + subcontractors, etc. (The total staff in head office + personnel of any sites to be certified + yard personnel if any)

**Onsite installation work or having any other operational yards / temporary sites?** ☐ Yes ☐ no

**If yes Please Explain:**

Any part time personnel? ☐ Yes ☐ no

**If Yes Please specify N° of personnel** \_\_\_\_\_

Are there any employees that you did not include in the above-mentioned tables because you consider them to be outside the scope of the audit? ☐ Yes ☐ no

**If yes Please Explain:**

Have any management system consultancy services taken? : ☐ Yes ☐ no

If yes, by whom?-

And period of services:

### 6. Describe your organization.

Describe your organization is: ☐ **Manufacturer** / ☐ **Service provider**

Major customers:

Main products:

Main raw materials used or processed:

Operations involved in the service / manufacturing of your product:

Processes which are provided by external sources related to the product / service:

**Who designs the products / services that you provide to your customers?**

Please Tick mark (✓/☑)

- ☐ We manufacture the product as per customers provided designs and specification.
- ☐ We design our own products.
- ☐ We design products at another Site and produce at the site to be certified.
- ☐ We outsource design activities to external providers/ subcontractors.
- ☐ We are a distributor of products that are designed and manufactured by another company.

**7. Does the company have any other valid certificate/s? :** ☐ Yes ☐ No. **If yes, please list below.**

Sr	Certification body	Accreditation	Validity until	Certificate/s number
1.				
2.				

Date of system implementation:

Please mention your proposed month-year to conduct the audit:

Note –

- Initial audit will be conducted in two stages. Stage 2 audit date /s will be finalised on assessment of stage I audit.
- If available, Please attach: Process flow diagram, organisation brochure, customer specific requirements.

<b>Sign with duly stamped</b> (We herewith confirm the completeness and accuracy of the information given above.)	Name:
	Designation:
	Date:

**FOR COMMUNICATION TO AITF- REGISTERED OFFICE ADDRESS:**

**A.I.T.F. MANAGEMENT CERTIFICATION LIMITED**

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**(CERTIFICATION MANAGER)**