



Application for Certification

Techno iQualityHub Innovations LLC
23112 Dunlop Heights Ter, Ashburn, VA 20148

1. Please fill correctly to enable us understand your requirements and issue a formal offer.
2. No information shall be disclosed to any third party without the written consent of the customer in conformity with TIQHUB Policy & procedures.

Initial Certification Re-certification Transfer at Surveillance Transfer at Recertification

| | | | |
|--|--|---------------|------------------------------|
| Organization Name | | | |
| Organisation Type | <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____ | | |
| Name/ Designation of Top Management | | Mobile no. | |
| Head Office | | | |
| Main Operative Site (for additional sites see next page) | | | |
| Contact Person | Name | | Position |
| | Mobile | | Fax |
| | Tel. | | e-mail |
| | Tel. | | Website |
| Products/ Services | | | |
| Desired Scope of Certification | | | |
| Exclusions (only for ISO 9001) | | Justification | |
| Certification Scheme Applied | <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 27001:2013 <input type="checkbox"/> ISO 20000-1:2018 | | |
| | Accreditation: QAC | | |
| Certified in any other management systems | <input type="checkbox"/> Yes _____ | | <input type="checkbox"/> Nil |
| Applicable legal and | | Compliance | |

| | | |
|----------------------------------|--|--|
| statutory requirements | | |
| Language | | |
| Safety conditions, if applicable | | |

| | | |
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| Outsourced processes | | |
| Description of Technical resources e.g machinery | | |
| Consultancy Organization/ consultant | | <input type="checkbox"/> Self Prepared |
| #Desired date of audit | | |

desired date should be the date, time and season when audit team has the opportunity to audit the organisation operating on the maximum product lines, categories and sectors covered by the scope.

For transferring certification from other certification body

| | | | |
|--|--|------------------------------|-----------------------------|
| Name of CB (attach certificate) | | Latest Audit (attach report) | |
| Reason for Transfer | | | |
| certificate under suspension or under threat of suspension | <input type="checkbox"/> Yes, state reason _____ | | <input type="checkbox"/> No |

ISO 14001 specific

| | |
|---|--|
| Any statutory/ regulatory requirements related to the operations | |
| Any license/ approvals received related to environmental issues | |
| What type of emissions your organisation does | |
| Do you measure any emissions, if yes define | |
| Did you had any environmental incident in the past, if yes detail | |
| Other information | |

ISO 45001 specific

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| Please detail any critical occupational health & safety risks identified | |
| Hazardous Materials used in the Process | |

ISO 27001 specific

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|----------------------|--|
| Legal requirements | |
| Controls information | |

ISO 20000-1 specific

| | |
|-----------------------|--|
| Processes information | |
| Others | |

| | | |
|---|--|---|
| Level of Integration For Integrated Management System (IMS) only | 1. If documents for all systems are integrated | Yes/No |
| | 2. If management review is common for all systems | |
| | 3. If internal audit is covering all systems under IMS | |
| | 4. If Policy & Objectives are integrated under IMS | |
| | 5. If corrective, preventive action, measurement and continual improvement are integrated | |
| Desired date of audit | | |
| For Transfer Certification | Last audit date | [Attach audit report and copy of certificate] |

I acknowledge that

- the information provided by me is correct as per my best knowledge and the GMC SPL offer is based on the above information. If during assessments any variation is found, GMC SPL may revise its arrangements and offer.
- Application fee once paid is non refundable

Name of the Authorized Representative:

Sign:

Date:

| | |
|-------------|--|
| Attachments | <input type="checkbox"/> Previous Certificate (for transfer only) <input type="checkbox"/> Previous Audit report (for transfer only) <input type="checkbox"/> Other Useful information, if any. <input type="checkbox"/> Copy of License <input type="checkbox"/> Copy of CFO <input type="checkbox"/> Copy Profile <input type="checkbox"/> Major Client List |
|-------------|--|

Annex to Application for Certification:

| Site Details | Processes | No. of employees | Equipments |
|--------------|-----------|------------------|------------|
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