



CERTIFICATION ASSESSMENT APPLICATION

Welcome !

We're excited to assist with your certification assessment! To ensure we have the information we need to best serve you, please complete and submit the form below. If you have any question, please contact us at any time. Thank you!

GENERAL INFORMATION

Organization Name

Address

Address

Postal Code

State

Country

Telephone No

Mobile no

Email id

Website

Contact name

Title & department

Contact no.

Email id

ORGANIZATION INFORMATION

Nature of business

Manufacture

Service

Type of company

PVT Limited

Partnership

Other

No. of Branches

GST No.

No. of Department

Plant size (square meters)

Standard applied for

ISO 9001

ISO14001

ISO22000

ISO45001

Other

Scope of Certification

FACILITY INFORMATION

Does the organization Operates Shifts? Yes No

If yes, Number of Shifts?

Maximum Number of Employees on site at any onetime

Number of Part Time Employees:

Preferred Payment Method Cheque NEFT RTGS Cash

Is this a new application for certification? Yes No

If No, existing ISO Certification is held for another standard please state Certificate number and standard.

Certificate No. Standard

Is this a transfer from another Certification Body? if so, Transfer Name of Previous CB
please forward copy of latest audit report and current certificate.

Please give full details of Department wise process

Please give full details of any out-sourced process
(i.e. vital processes/services that other companies perform on your behalf)

The organization hereby undertakes to comply with the Certification regulations of IGS available on the website www.isocertificationigs.com

Note: The quotation will be based on the information supplied in this questionnaire and others, should they be applicable.

Declaration

I Confirm that I am the authorized representatives of my organization and that the above information is correct.

Print Name Job Title

Date

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