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|  | INGRAIN GLOBAL STANDARD PRIVATE LIMITED | Format No. | IGSPL-F-01 |
| | | Rev. No. | 00 |
| | Application Form | Date | 01.02.2022 |

| Date of Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------|---------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------|-----------------|--|--|--|--|--|--|---------|--|--|--|--|--|--|--------------|--|--|--|--|--|--|
| Name of the Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Website, Email and Phone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No of Sites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site 1 Address (For more site attach separate Sheet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person Name and Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Status | Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statutory and Regulatory Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accreditation Required | ASCB <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certification Scheme | <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> IMS <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scope of Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exclusion if any | <table border="1"><thead><tr><th>Clause</th><th>Justification</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table> | Clause | Justification | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clause | Justification | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outsourced Process, If any | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Employees | <table border="1"><thead><tr><th>Location</th><th>Shifts</th><th>Full Time</th><th>Part time</th><th>Performing Same type of Job</th><th>Temporary Unskilled workers</th><th>Any Other Workers</th></tr></thead><tbody><tr><td>At Organization</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>At Site</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>TOTAL</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> | Location | Shifts | Full Time | Part time | Performing Same type of Job | Temporary Unskilled workers | Any Other Workers | At Organization | | | | | | | At Site | | | | | | | TOTAL | | | | | | |
| Location | Shifts | Full Time | Part time | Performing Same type of Job | Temporary Unskilled workers | Any Other Workers | | | | | | | | | | | | | | | | | | | | | | | |
| At Organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certification Program Required | Initial <input type="checkbox"/> Surveillance <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Already Certified for any Standard | Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Consultants Involved | Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Business Process Involved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IGSPL Official Use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Can the Application Proceed for Application Review: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Application reviewer | Signature | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Delete or Leave whichever is not applicable