



APPLICATION FORM

Application No.

(To be signed by an authorized representative of the applicant organization)

1.	Name of Applicant Organization			
2.	Complete Postal Address			
3.	Contact Person & Designation			
4.	Telephone		Fax	
5.	Website		E-mail	

6. Certification desired against which standard(s) or other requirements:

- ISO 9001: 2008 / 2015 (Quality Management System) ISO 14001 Environmental Management System
 OHSAS 18001 (Occupational Health & Safety Management System) Others (Please specify)

7. Desired Scope of Certification:

8. Any Not-applicable Requirements of above mentioned ISO Standard:

9. Any Outsourced Processes that will affect conformity to requirements:

10. Number of Sites with addresses and details of processes carried out at each site:

11. Number of shifts at each site:

11.1 Effective number of personnel at each site:

12. Are you already certified? No Yes (Please include a copy of your current certificate)

13. List the main products you make or services you deliver:

14. Any statutory or regulatory Requirements applicable on your products and services:

15. Details of processes and operations, human and technical resources, functions and relationships:



16. Whether consultancy has been provided and, if so, by whom:

17: Any other information which will help GCPL to understand your organization and business being carried out:

(Attach separate page if required)

Signed:

Seal

Name & Designation

Date:

Note: The effective number of personnel consists of all personnel involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractors) and part time personnel.