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| **Application for evaluationunder Toll Management System & Products Certification SchemeCertification Scheme** | | |
|  | **Name & Address of Applicant**  (Client/ Agent/ Chanel Partner/ Applicant)  (Also mention Tel, Mobile, email )  **Name of Contact Person if different from above**  (Also mention Tel, Mobile,Fax, email ) |  |
|  | **Name & Address of Device/Process for manufacturing or developer organization**  If different from above  (Also mention Tel, Fax, email ) |  |
|  | **Description of the Device/Process/System to be certified** |  |
|  | **Name of Components/Systems/Modelsunder scope of audit** |  |
|  | **Reference of the technical construction file/Documents representing Product Life Cycle** |  |

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| **Sl.No.** | **Information to be provided** | **Details** |
|  | **Fee details as submitted**  [Indicate amount and Bharat Kosh payment details or any other] |  |
|  | **Applicant Details** |  |
|  | **Date** |  |

**Declaration by the applicant:**

* I will abide by all the Rules and Procedures and any decision of the Certification Body.
* I agree with the terms and conditions of the certification body.
* I agree with the schedule of Charges of certification.
* I agree with certification agreement

(Authorized Signatory)

**Enclosures to be submittedmandatorily**

1. Certification fee receipt after payment in Bharat Kosh or any other method provided by Customer Service, STQC Labs/Centre for applicable scope.
2. Signed Certification Agreement
3. Product Development manual, User manual, Source Code for review, SRS, Internal Test Reports
4. Valid ISO 9001 Certificate and/or ISO 27001 for Developer & Integrators of the product

**Note:The Application along with relevant documentation as above is to be submitted to: Director - STQC, Room NO. 3082, 6 CGO Complex, Electronics Niketan, Lodi Road New Delhi-110003.Tel.No.24301382, Email:** [**headits@stqc.gov.in**](mailto:headits@stqc.gov.in)**&**[**suresh@stqc.gov.in**](mailto:suresh@stqc.gov.in)

**For Office Use Only**

Application number Allotted:

Auditors Allotted:

Forwarding medium along with date:

(Name and Signature of Official)