



**STQC Certification Services**  
**STQC Directorate**  
Ministry of Electronics & Information Technology  
Electronics Niketan, 6, C.G.O. Complex, Lodhi Road, New  
Delhi – 110003  
[www.stqc.gov.in](http://www.stqc.gov.in)

**Application for Registration/Certification**

---

**Name of the Organization** \_\_\_\_\_

**Address for Correspondence** \_\_\_\_\_

**Location of the Units  
with addresses** \_\_\_\_\_

(use additional sheet for multiple  
locations of units, if any)

**Manpower &  
Status of Units (LSI/MSI/SSI)** \_\_\_\_\_

**Chief Executive (Name)** \_\_\_\_\_

**Telephone** Landline : \_\_\_\_\_ Mobile : \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact Person(s) (Name)** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Telephone** Landline : \_\_\_\_\_ Mobile : \_\_\_\_\_

**Email** \_\_\_\_\_

**Relationships (if part of a larger organization)** \_\_\_\_\_

**Applied for**  ISO 9001  Safety Certification Scheme

Others

(for the scope of accreditation, please visit our website [www.stqc.gov.in](http://www.stqc.gov.in) )

**Have you engaged any consultant/organization Yes/No  
for implementing management system?**

*If yes, please provide details;* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**STQC Certification Services**

**STQC Directorate**

Ministry of Electronics & Information Technology  
Electronics Niketan, 6, C.G.O. Complex, Lodhi Road, New  
Delhi – 110003

[www.stqc.gov.in](http://www.stqc.gov.in)

**Application for Registration/Certification**

Any relevant statutory/legal requirements applicable to the product \_\_\_\_\_

Details of Shift (as applicable) \_\_\_\_\_

**Details of product, process and/or services, functions, manpower, technology and relationships:**

S. No.	Organizational/ QMS Process	Typical Technical Infrastructure/ Machines Used	Number of Personnel Engaged in the process	Function/Head Responsible	Remarks
1.	Marketing/Sales				
2.	Design				
3.	Purchase				
4.	Production				
5.	QA				
6.	Packaging, Storage and Delivery				
7.	HR Function				
8.	Other Processes				
9.					
10.					
11.					

Note : (i) Mention “not applicable” for the processes not covered under the scope of certification  
(ii) Attach additional sheets for each product as required.  
(iii) Provide list of processes at each site, in case of multi sites under the proposed scope of certification

**Details of Outsourced product, process and/or services, if any**

S. No.	Process/Product/ service Outsourced	Key Suppliers/Vendors	Controls applied	Remarks
1.				
2.				
3.				
4.				

**Additional Requirement (for Product Certification Only)**

**Nomenclature** \_\_\_\_\_

**Model/Type reference** \_\_\_\_\_

**Trade Mark** \_\_\_\_\_

**Standard** \_\_\_\_\_

**Details of inspection, test facilities and technical resources (for product certification)**

(attach separate sheet if required) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attachments\*:**

1. Copy of certification agreement
2. Preliminary information
3. Complaint and appeal process
4. Information on Certification process
5. Any normative requirement for certification as applicable

\*These documents can also be downloaded from our website [www.stqc.gov.in](http://www.stqc.gov.in)

**Please note that following information is available on request;**

1. Fee/Charges Detail



**STQC Certification Services**

**STQC Directorate**

Ministry of Electronics & Information Technology  
Electronics Niketan, 6, C.G.O. Complex, Lodhi Road, New  
Delhi – 110003

[www.stqc.gov.in](http://www.stqc.gov.in)

**Application for Registration/Certification**

**DECLARATION:**

*We agree to*

- ◆ *Abide by the requirements of the Certification Body.*
- ◆ *Pay all applicable charges as prescribed by Certification Body.*
- ◆ *Inform certification body of any change(s) in the top management and product/process/services and abide by the decision of the Certification Body thereof.*
- ◆ *Undertake that, should any information furnished by us is found to be incorrect, the application may be rejected forthwith.*
- ◆ *Undertake to cease with immediate effect, use of certificate & logo in the event of termination/reduction/withdrawal/cancellation of certification/registration and return the certificate and all related documents to the Certification Body.*
- ◆ *Sign the Certification Agreement and abide by all the conditions stated therein*

**Enclosures:**

- i) Demand draft drawn in *favour of* DD No. \_\_\_\_\_  
 “**Pay & Accounts Officer, DeitY**” Date \_\_\_\_\_  
 Amount Rs. \_\_\_\_\_
- Payable at* : Location of Regional office,  
 where application is deposited.
- ii) One copy of document describing QMS/Quality Manual  
 Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date: \_\_\_\_\_ Designation \_\_\_\_\_

**Application Review:**

**(To be filled by STQC Certification Services only)**

1. The information provided is adequate to develop audit program. **Yes/No**  
 a. Incase of no, additional information required  
 \_\_\_\_\_
2. The application is acceptable **Yes/No**
3. If Not acceptable, state the reason and notify the client  
 \_\_\_\_\_  
 \_\_\_\_\_
4. If acceptable type of certification Accredited/ Non Accredited
5. Incase of accredited certification state NACE Code \_\_\_\_\_
6. Expected number of audit man-days  
 (Stage 1+Stage2) as per SYS-P10/IAF MD5 \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

*Note: The certification requirement of STQC Certification Services can change at any time. STQC will notify the same to its clients as and when such changes are made.*