



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

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 **including temporary sites proposed to be covered under audit**)

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 9001:2015 Safety Certification Scheme

Others

(for the scope of accreditation, please visit our website www.stqc.gov.in)

Organization's website address, if any: _____

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

If yes, please provide details: _____



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Proposed Scope of Certification including exclusions if any

Any relevant statutory/legal requirements applicable to the product/Service

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.					

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.) _____

Have you completed at-least one Management Review and One internal audit prior to making this application?	Yes/No Details :
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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. Fee/Charges details available on request.

