

QSR ASSESSMENT PVT. LTD.

Application for Registration

qsrassessment@gmail.com, www.qsrcerti.com

Note: All the information shared will be kept very confidential and shall not be used for any other purpose other than for the review for the certification purpose

Certification Type: Initial/Recertification/Transfer/Others					
Standard Applied:					
Org Name:					
Address Site:					
No of Sites					
Country:			State:		
Contact Number				Contact Person	
E-Mail:			Website:		
Legal Status of Company					
Reg. & Statutory Req. Applicable					
Scope					
Brief about your Services Products & Process					
List of Outsourced Process					
Surveillance Frequency:		Yearly/Six Monthly/Others			
Any Non Applicable Clauses					
Personnel Details					
Full Time	Part Time	Unskilled workers	Design & Development Team	Off Site	*Effective No. of Employees
Site 1					
Site2					
Total					

QSR ASSESSMENT PVT. LTD.

Additional Information Required (Standard-wise)	
QMS	How many sites the Company is Managing at the same time..... Established & Implemented Quality Management System Yes <input type="checkbox"/> No <input type="checkbox"/> Design & Development Applicable? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you deal in product or services of high Risk category? Yes <input type="checkbox"/> No <input type="checkbox"/> Conducted Internal Audit Yes <input type="checkbox"/> No <input type="checkbox"/> Conducted MRM Yes <input type="checkbox"/> No <input type="checkbox"/>
Consultants Involved	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is yes, Mention Name of the Consultants:
Is There Any Previous Cooperation With QSR Please Specify?	
How Did You Hear About QSR:	
Is Any Person Or Organization Known To You Has Present Or Past Association With QSR. If Yes Plz Furnish Details	
Transfer Details	
Transfer From Other CB	(Yes Or No)
Name Of Previous CB	
Copy Of Latest Audit Report And Current Certificate Attached: Yes Or No	
Status Of Documentation And Implementation	

Disclaimer regarding use of consultancy services; QSR does not warrant or agree with any statement or suggestion that certification would be simpler or easier if any particular consultancy service were used in the creation or preparation of a management system.

Clients acceptance: we, the undersigned, hereby apply for the certification of the above said management system. we are committed to provide the necessary information and to comply with QSR agreement and rules of certification

For Client Use			
Name			
Designation		Date	
FOR QSR OFFICE USE ONLY (INFORMATION REVIEW)			
Information given above sufficient for conduct the review			
Any issue or threat to impartiality identified			
Scope Review			
Is application accepted or declined			
If declined give the reason & inform to client			

QSR ASSESSMENT PVT. LTD.

If accepted complete the contract review and prepare quotation for the client			
Verified By		Date	
Remarks(if Any)			