

DAS System and Services Pvt. Ltd

Application Form



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|--|---|---|----------------------------|----------------------------|--|-----------------------|
| Please complete this questionnaire and forward it to DAS System & Services Pvt. Ltd., who will then provide you with a written proposal. | | | | | | |
| Organization Name | | | | | | |
| Address | | | | | | |
| Contact Person | | Position: | | Mobile No. | | |
| | | Position: | | Mobile No. | | |
| Tel No. | | Email ID/ Web. site | | | | |
| Std(s) to be assessed ISO 9001: 2015 <input type="checkbox"/> | | Clause Non-Applicability & Justification: | | | | |
| Risk Category (QMS Only) | | High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Simple Manufacturing | | | | |
| ISO 14001:2015 <input type="checkbox"/> Please fill EMS Annex | | ISO 45001:2018 <input type="checkbox"/> Please fill OHSAS Annex | | | | |
| Scope For Certification: | | | | | | |
| Address of Additional sites if any: | | | Fit and Proper Person Test | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes then, Description of Work Carried out at Site: | | | | | | |
| Number of employees in each area/site (please use additional sheets if required) | | Full Time | Part Time | Shifts-1 | Full Time (Site 2) | Part Time (Site 2) |
| Manufacturing/QA & Storage | | | | | | |
| Management/ Administration | | | | | | |
| Others | | | | | | |
| Total Employees | | | | | | |
| Approx number of sub contractors used on average if applicable. | | Describe the type of work subcontracted if applicable. | | | | |
| Total % of work is subcontracted out. | | Total % of work being carried out at clients' sites? | | | | |
| Do you currently hold any other third party Registrations? | | | | | | |
| Certification programme Requested? | | <input type="checkbox"/> Initial Registration, <input type="checkbox"/> Recertification, <input type="checkbox"/> Transfer Cum Surveillance | | | | |
| When will you be ready for stage one review? | | | | Date | | |
| Were you assisted by a consultant in developing your Management System? | | | Yes/No | Name the consultant if Yes | | |
| Client Signature & Date | DAS System and Services Pvt. Ltd. Use Only. | | | | | |
| | Application reviewed by Auditor TC/Coded Auditor/T.E.(If reqd.) | | | | Verified by CM: | |
| | Application Fee Received <input type="checkbox"/> Yes <input type="checkbox"/> No If not received, Application will not be processed | | | | | |
| | Can Application be further processed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | If application is rejected specify the reason? | | | | | |