|  |  |
| --- | --- |
| **Date of Application** |  |
| **Name of the Organization** |  |
| **Address (HO)** |  |
| **No of Sites**  |  |
| **Site Address (Address of all office in scope of certification)** | **Branch / Site 1** |  |
| **Branch / Site 2** |  |
| **Branch / Site 3** |  |
|  |  |
| **Website, Email and Phone number** |  |
| **Contact Person Name and Designation** |  |
| **Legal Status of Organization** |  Private **[ ]** Public **[ ]** Proprietorship **[ ]** Partnership [ ]  Govt Undertaken [ ]  PSU [ ]  NGO[ ]  Other [ ]  |
| **Statutory and Regulatory Requirement**  |  |
| **Accreditation Required**  | IAS [ ]   |
| **Certification Scheme**  | ISO 9001:2015 [ ]  ISO 14001:2015 [ ]  ISO 45001:2018 [ ]  ISO 22000:2018 [ ]  ISO 27001:2022 [ ]   |
| **Scope of Certification** |  |
| **Exclusion if any** | **Clause** | **Justification** |
|  |  |
| **Outsourced Process, If any** |  |
| **No. of Employees** | **Location**  | **Shifts** | **Full Time** | **Part time** | **Performing Same type of Job** | **Temporary Unskilled workers** | **Effective No. of Employees** |
| **Design** |  |  |  |  |  |  |
| **Production** |  |  |  |  |  |  |
| **Sales** |  |  |  |  |  |  |
| **Purchase** |  |  |  |  |  |  |
| **Store** |  |  |  |  |  |  |
| **Accounts** |  |  |  |  |  |  |
| **Quality/MS** |  |  |  |  |  |  |
| **Others** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| **Other Type of Employees (If Any):** |
| **Certification Program Required** | Initial [ ]  | Surveillance [ ]  | Recertification [ ]  | Transfer [ ]  |
| **Combined Audit** | In the case of several certification programmes, would you like the audits to be Combined or carried out separately? [ ]  Yes  [ ]  No If the answer is yes, please specify which combination of Standards:  |
| Is Internal Audit is Combined: [ ]  Yes [ ]  No  |
| Is MRM is Combined: [ ]  Yes [ ]  No  |
| Is Manual, Procedures are Combined: [ ]  Yes [ ]  No  |
| Is Implemented System is Integrated: [ ]  Yes [ ]  No  |
| **Integration Level of the Organization** | **Integration Details** | **Yes** | **No** |
| An integrated documentation set, including work instructions to a good level of development, as appropriate;  |  |  |
| Management Reviews that consider the overall business strategy and plan;  |  |  |
| An integrated approach to internal audits;  |  |  |
| An integrated approach to policy and objectives;  |  |  |
| An integrated approach to systems processes;  |  |  |
| An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement);  |  |  |
| Integrated management support and responsibilities. |  |  |
| Any other pertinent factor please specify. |  |  |
| **Is Already Certified for any Standard** | Yes [ ]  No [ ] If Answer is Yes Mention Name of the Standard:  |
| **Is Consultants Involved**  | Yes [ ]  No [ ] If Answer is Yes Mention Name of the Consultants:  |
| **Key Business Process Involved**  |  |
| **Key Functions Involved** |  |
| **How To Reach at Site** |  |
| **Manual Date** |  |
| **Internal Audit Date** |  |
| **MRM Date** |  |
| **Additional Information Required** |
| **EMS** | * How many Sites the organization is Managing at the same time?
* Do you have Register of Significant Environment aspect? [ ]  Yes [ ]  No
* Do you have an Environmental Management Manual? [ ]  Yes [ ]  No
* Do you have an Internal Environmental Audit Programme? [ ]  Yes [ ]  No
* Has the Internal Environmental Audit Programme been implemented? [ ]  Yes [ ]  No
 |
| **FSMS** | * HACCP Implementation or Study Conducted: [ ]  Yes [ ]  No
* No of HACCP Studies …………………… No of Sites.………….
* No of Process Lines: ………………...
* Processing is Seasonal [ ]  Continuous [ ]
* Please Write Proper Details of Product and Processes:
 |
| **OHSMS**  | * Hazard’s Identified? [ ]  Yes [ ]  No
* Detail any critical occupational health & safety risks identified?
* The key hazards and OH&S risks associated with the processes:
* Information about the main hazardous materials used in the processes:
* Any relevant legal obligations coming from the applicable OH&S legislation:
 |
| **ISMS** | Additional Information Required (Tick one in each box) |
| **Any Confidential Information where Issues of Accessibility is there? {If Any}** |  |
| **Business and organization Complexity** |
| Types of Business and regulatory Requirement | 1. Organization work in non-critical business sector and non-regulated sector [ ]
2. Organization has customer in critical business sector. [ ]
3. Organization works in critical business sector. [ ]

**Note: Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country**  |
| Process and Task | 1. Standard Process with standard and repetitive task i.e., lots of persons doing work under the organization’s control carrying out the same tasks, few products or services [ ]
2. Standard but not repetitive process with high number of products or services [ ]
3. Complex Process, High number of products and services, many business units included in scope of certification [ ]
 |
| Level of establishment of the Management System | 1. ISMS is already well established and/or other management system is in place. [ ]
2. Some elements of other Management system are implemented, others not [ ]
3. No other Management system implemented at all, ISMS is new and not established. [ ]
 |
| **IT Environment Complexity** |
| IT Infrastructure Complexity | 1. Few or highly standardized IT platforms, servers, operating system, database, networks etc. [ ]
2. Several different IT platforms, servers, operating system, database, networks etc. [ ]
3. Many different IT platforms, servers, operating system, database, networks etc. [ ]
 |
| Dependency on outsourcing and suppliers including cloud services | 1. Little or no dependency on outsourcing [ ]
2. Some dependency on outsourcing or suppliers, related to some but not all-important business activities. [ ]
3. High dependencies on outsourcing or supplier, large impact on important business activities. [ ]
 |
| Information System Development | 1. Non or very limited in-house system/application development [ ]
2. Some in house or outsourced system/application development for some important business purpose [ ]
3. Extension in house or outsourced system/application development for important business purpose [ ]
 |
| **DECLARATION:** The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the organization. |
| **Name** |  | **Designation** |  | **Signature** |  |

**\*Delete or leave whichever is not applicable**

|  |
| --- |
| **OEQ Official Use** |
| **Can the Application Proceed for Application Review:** [ ]  Yes [ ]  NoIf not, please Specify justification: |
| **Name of Application reviewer** |  | **Signature**  |  | **Date**  |  |