

FORM - XII
(To be submitted in triplicate)

**QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM THE
APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF
QUALITY MANAGEMENT SYSTEMS CERTIFICATION AND/OR
HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP)
AGAINST RELEVANT INDIAN STANDARDS**

1. DETAILS OF THE COMPANY

1.1 Name of the Firm

1.2 Address of the Factory/Unit _____.

Telephone: _____ Fax: _____ Email: _____

Contact Person (MR) _____ Telephone: _____

1.3 Address of the Registered Office

Telephone _____ Fax: _____ Email: _____

1.4 Status of the Unit

Large/Small Scale Industry/Ancillary/Tiny units/Small Scale Service and Business (Industry Related) Enterprises/ small enterprise (see Note)

Note: Please enclose Registration letter from the concerned authority and also see BIS `Guidelines for Applicants`.

1.5 Indicate whether the unit is a part of some larger organization, if so give the name and address of the holding organization

Name: _____

Address: _____

2. NUMBER OF EMPLOYEES

2.1 Indicate the effective number of employees who will be present at the time of audit i.e. employees refers to all individuals whose work activities support the scope of the certification as described by the Quality Management System and/or HACCP System at the time of the audit.

3. OTHER INFORMATION

3.1 Description of category of products or processes for which licence is sought
_____.

3.2 Quality Management System Standard and/or HACCP System Standard Assessment Schedule as applicable IS/ISO _____ and/or IS _____

3.3 Details of Assessment and/or licence/certificate already held
_____.

3.4 Details of any Quality Management System Documentation and/or HACCP Documentation
_____.

Signature_____

Name _____

Designation_____

For and on behalf of _____

Date:

Seal of the Firm _____

All the three copies of this form are to be signed in original by the authorized person.