**APPLICATION FORM  
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.**

**Format Review Frequency = 1 Year**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered Address | | |  | | | | | | | | | | | | | | | Postal Code | | | | | | |  | | | | | | | | | | |
| State | | | | | | |  | | | | | | | | | | |
| Country | | | | | | |  | | | | | | | | | | |
| **Contact Details** | | | Primary Details | | | | | | | | | | | | | | | Secondary Details | | | | | | | | | | | | | | | | | |
| Name of the Person | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Designation | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Phone No. | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Email Id | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Website | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Sites | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site 1 Address  (Head Office) | | |  | | | | | | | | | | | | | | | Postal Code | | | | | | |  | | | | | | | | | | |
| State | | | | | | |  | | | | | | | | | | |
| Country | | | | | | |  | | | | | | | | | | |
| Site 2 Address | | |  | | | | | | | | | | | | | | | Postal Code | | | | | | |  | | | | | | | | | | |
| State | | | | | | |  | | | | | | | | | | |
| Country | | | | | | |  | | | | | | | | | | |
| ***Add another Location by Insert Rows Below*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Status of Company | | | Private | | | |  | | Public | | | |  | Proprietorship | | | | | | | | | | | |  | | | | Partnership | | | |  | |
| Govt.  Undertaken | | | |  | | PSU | | | |  | LLP | | | | | | | | | | | |  | | | | Other \_\_\_\_\_\_\_\_\_ | | | |  | |
| Statutory and Regulatory  Requirement Applicable | | | Write some legal document of this company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person responsible for  Regulatory Compliance | | | Name: Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GST Registration No. | | | For India Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where did you hear about us | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you reach us? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accreditation Board | | | IAS | |  | UAF | | | | | | | | | | | | |  | Others\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | |
| Required ISO Standards and  Other Standards | | | ISO 9001:2015 | | |  | | ISO 14001:2015 | | | | |  | ISO 45001:2018 | | | | | | | | | | | | | | |  | | ISO 22000:2018 | | |  | |
| ISO 27001:2013 | | |  | | ISO 19650 | | | | |  | ISO 27701:2019 | | | | | | | | | | | | | | |  | | ISO 13485:2016 | | |  | |
| ISO 50001:2011 | | |  | | ISO 26000:2010 | | | | |  | ISO 22301:2019 | | | | | | | | | | | | | | |  | | ISO 45005:2020 | | |  | |
| ISO 37001:2016 | | |  | | ISO 31001:2018 | | | | |  | ISO 21000:2018 | | | | | | | | | | | | | | |  | | ISO 41001:2018 | | |  | |
| ISO 31000:2018 | | |  | | ISO 13482:2014 | | | | |  | ISO 22609:2014 | | | | | | | | | | | | | | |  | | ISO 14310:2008 | | |  | |
| HSE | | |  | | HACCP | | | | |  | CE Marking | | | | | | | | | | | | | | |  | | HALAL | | |  | |
| KOSHER | | |  | | ROHS | | | | |  | GMP/GHP/GLP | | | | | | | | | | | | | | |  | |  | | |  | |
| **If any other, Please Mention:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scope of Certifications | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief about your Services and Products | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product Specifications for  Product Certification  (Please attach technical Specifications) | | | For Product Certification Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exclusion (if any) | | | **Clause** | | | **Justification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Establish, development and Implementation Status of Standard  (Manuals, Procedures and records availability as per the requirements of the standard) | | | Status of the documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of Outsourced Process | | | List of outsourced process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employees Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | No. of Shifts | | Working  hours | | Total Employee | | | | | | | Full Time | Part Time | | | Unskilled  workers | | | | | | Design & Development Team | | | | | | Off Site | | | | \*Effective No. of Employees | | | |
| Site 1 |  | |  | |  | | | | | | |  |  | | |  | | | | | |  | | | | | |  | | | |  | | | |
| Site2 |  | |  | |  | | | | | | |  |  | | |  | | | | | |  | | | | | |  | | | |  | | | |
| Total |  | |  | |  | | | | | | |  |  | | |  | | | | | |  | | | | | |  | | | |  | | | |
| Total Number of Students  (For Education Industry) | | | For Schools & Colleges Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type & Total Occupancy  (Restaurants, Hotels, Hospitals) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Note:** *For EnMS certification the number of personnel shall be who materially impact to EnMS and includes* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personnel that contribute to Energy Performance** | | | | | | | | | | | | | **Number of the EnMS Effective Personnel** | | | | | | | | | | | | | | | | | | | | | | |
| Top Management | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Management Representative(s) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Energy Management Team | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Person responsible for major changes affecting energy performance | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Person(s) responsible for developing, implementing or maintaining energy performance improvements including objectives, targets and action plans | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Person(s) responsible for significant energy uses | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Total Number of the EnMS Effective Personnel* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Certification status | Initial | | | | Surveillance  No. \_\_\_\_\_\_\_\_\_\_ | | | | | | | | Recertification | | | | | | | | | | For Transfer Case **Note:** Forward copy of latest audit report and current certificate | | | | | | | | | | | | |
| Certificate No:  CB:  AB: | | | | | | | | | | | | |
| If existing SIS Certification provided  another standard other than this | | | | | Accreditation Board  Certificate No  Standard(s) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Surveillance frequency | | | | | 06 months 09 months 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Combined Audit  (In the case of several certification programs, would you like the audits to be Combined or carried out separately?) | | | | | Yes No  If the answer is yes, please specified which combination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joint audit | | | | | Yes No  If yes, please mention the other auditing organization’s name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consultants Involved | | | | | Yes No  If Answer is yes, Mention Name of the Consultants: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Process Involved  Or Interaction of processes | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of Integration  **(Applicable for Only for  Integrated Management System)** | | | | | 1. An integrated documentation set, including work instructions to a good level of development, as appropriate  2. Management Reviews that consider the overall business strategy and plan  3. An integrated approach to internal audits  4. An integrated approach to policy and objectives  5. An integrated approach to systems processes  6. An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement)  7. Integrated management support and responsibilities.  8. Auditee understanding of all the IMS Standards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Information Required (Standard-wise)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMS** | | How many sites the Company 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OHSMS** | | Hazards Identified? Yes No  Any critical occupational health & safety risks identified? (If yes, please mention the details) ………………………………………………………………………………………………………………  Nearby Hospital Name & its Distance from the Site ……………………………………………………………………………………………………………... Do you have Empaneled Doctor or Nurse  ………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EnMS** | | Annual Energy Consumption (TJ): …………………………………………………………………………  No of Energy Sources: …………………………………………………………………………………….  Number of significant energies uses (SEUs): ……………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MD-QMS** | | Classification + rules (for products acc. to MDD): ………………………………………………………...  Medical Class: ……………………………………………………………………………………………...  Risk Level: High High-Medium Low-Medium Low  Main Technical Area: ………………………………………………………………………………………  Technical Area: …………………………………………………………………………………………….  Product Categories covered by the Technical Area: ……………………………………………………….  Is the sterilization process validated with the specified products? …………………………………………  If yes, is the sterilization performed in house? ……………………………………………………………..   |  |  |  | | --- | --- | --- | | **Question** | **Yes** | **No** | | Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling) |  |  | | Is the product intended to be a component/part of a medical device? |  |  | | Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)? |  |  | | Is the product supplied sterile? |  |  | | Does the product contain software developed by the client organization or a supplier? |  |  | | Is “Design and Development” in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)? |  |  | | Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices? Note: Refer to the note in Annex A, Table A.1.7, a) as an example. |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BCMS** | | 1. Do you have business continuity analysis and risk assessment register? Yes No  2. Do you have business continuity plans? Yes No  3. Do you have business performance evaluation process? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EOMS** | | 1.Type of educational services offered:  Pre-primary/Primary/Secondary/University/College/Vocational, including professional higher education and apprenticeships/continuing education (adult education) / Tutoring, coaching and mentoring.  2. Indicate whether the organization has branches at different locations or multiple-sites of operations.  Yes No If yes, give name(s) & address(es) along with the brief description of processes carried out at all such locations/sites for which certification is sought (use separate blank sheet, if required)  3. Educational organization work on early childhood education (ECE): Yes No  4. Has organization is involved with providing special needs education to Special Challenged Students  ………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AIMS** | | AI Producer | | | | | | | |  | AI Designer | | | | | | | | | |  | | | AI Operator | | | | | | | | |  | | |
| AI Tester | | | | | | | |  | AI Evaluator | | | | | | | | | |  | | | AI Deployer | | | | | | | | |  | | |
| AI User | | | | | | | |  |  | | | | | | | | | |  | | |  | | | | | | | | |  | | |
| Sensitive context of AI  system(s) | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Data complexity with ref  erence to the managed AI  system(s) | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Risk assessment with ref  erence to the managed AI system(s) | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| more than one legal framework to manage | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Number of outsourced  services used in the scope of the AIMS | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| AIMS running in more  than one company location | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Number of Disaster Recovery Sites | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Diversity of technology | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| Number of all documented controls needed to satisfy  ISO/IEC 42001 require  ments | | | | | | | | High | | | | |  | | Medium | | | | | | |  | | | Low | | | | | |  | | |
| **ABMS** | | 1. **In Last 12 Months:**    1. “Any Bribery Incidents” ……………………………………………..    2. “Legal Issues regarding Bribery” …………………………………….. 2. Provide Legislation Applicable as per location: …………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FMMS** | | Number of personnel in simple functions …………………………………………………………………….… (Finance, Admin, Human Resources, Security, Transport, Field Staff-Sales, Messengers, Drivers, Canteen, Gardening, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business and organization Complexity (ISMS/ITSMS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (ISMS/ITSMS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ISMS** | | Are there any ISMS/ITSMS records that cannot be made available for review by the audit team because they contain confidential or sensitive information?  Kindly provide list of such information along with the corresponding justification: ……………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PIMS** | | 1. Please confirm whether your organisation is a personally identifiable information(PII) processor, data controller or both:   PII Processor PII Controller Both   1. Are you currently or has your business ever been under investigation/fined by a data enforcement agency?   if yes, please provide details below:   1. Please detail below the data protection/privacy legislation applicable to your organisation: (e.g. GDPR)   if yes, please provide details below   1. Are you currently certified with ISO/IEC 27001? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ITSMS** | | 1. How many business locations are within the scope of certification? ………………………… 2. Are there any exclusions from the scope of certification (i.e., location, product, service)? ......... 3. What specific locations are the services provisioned from? ........................................................ 4. What specific locations are the services provisioned to? ........................................................ 5. How many and what type of Service Level Agreements are in place? ....................................... 6. 7. Are hosted, co-located, and/or Managed Services providers (and services) utilized to deliver SMS services? .............................................................................................................................. 7. Are other certifications or assurance schemes and audit performed, relevant and available (ex: PCI QSA, HIPPA, Business Associate Agreements, SSAE 16, SOC-1, CMM1)? .......................... 8. How many internal and external users does the organization support? ……………………. 9. What are the primary services offered to users within the scope of the certification? (Note: in accordance with IT Service Descriptions in ISO/IEC 20000-1): …………………………….. 10. What percent of the services provided are outsourced: None ,\_\_\_\_\_ %. Please describe those services that are outsourced: ………………………………………………………………….. 11. Is there a Configuration Management Database (CMDB)? Yes  No 12. How many primary systems/applications/servers exist within the certification? ...................... 13. Describe the sensitivity and/or compliance nature of information processed……………………………………………………………………………………….. 14. Are there any ITSMS records that cannot be made available for review by the audit team because they contain confidential or sensitive information?   Kindly provide list of such information along with the corresponding justification: ……………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional General Requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Language | | English Hindi Other language ……………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Method | | Cheque Demand Draft NEFT or RTGS Others ………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Currency Used | | ₹ $ Others ………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of Correspondence | | Email Fax Post Skype Phone call Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 company. The organization hereby undertakes to comply with the Certification regulations of SIS Cert. available on the website: **http://www.siscertifications.com.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Notes:**

The quotation will be based on the information provided in the quotation request form.

Please indicate your preferred target dates for the following activities:

* 1. Document Review – (Specify Month/Year) ………………………...
  2. Preliminary Review (Specify Month/Year) ………………………
  3. Formal On-Site Review – (Specify Month/Year) ……………………

The surveillance period will be decided based on the review of application form.

|  |  |
| --- | --- |
| **For Client Use** | |
| **Name** |  |
| **Designation** |  |
| **Date** |  |
| **Application Review (For SIS Head Office Use Only)** | |
| **Accreditation** |  |
| **Scope/Code Evaluation** |  |
| **Resource Allocation** |  |
| **Review Status** |  |
| **Quotation Generation** |  |

# SIS Certifications Pvt. Ltd.

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Email- support@siscertifications.com

Web: - www.siscertifications.com