**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | |  | | | | | | | | | | | |
| For AMC/CMC and OEM  List of Hospital (for whom they provide service) with their  location details | | |  | | | | | | | | | | | |
| 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 Organization | | | Private | |  | Public |  | Proprietorship | | | |  | Partnership |  |
| Govt.  Undertaken | |  | PSU |  | LLP | | | |  | Other \_\_\_\_\_\_\_\_\_ |  |
| Person responsible for  Regulatory Compliance | | | Name: Email: | | | | | | | | | | | |
| GST Registration No. | | | For India Only | | | | | | | | | | | |
| Where did you hear about us | | |  | | | | | | | | | | | |
| How did you reach us? | | |  | | | | | | | | | | | |
| Type of certification sought | | |  | | | | | | | | | | | |
| Scope of Certification (e.g., departments, products, processes,  Locations) | | |  | | | | | | | | | | | |
| Existing Management Systems (e.g., ISO 9001, ISO 13485): | | |  | | | | | | | | | | | |
| Documentation Status (e.g., policies, procedures, manuals): | | |  | | | | | | | | | | | |
| **Biomedical Equipment Maintenance Practices** | | | | | | | | | | | | | | |
| Brief about Maintenance Process/Procedure | | |  | | | | | | | | | | | |
| List of testing equipments present at the site with their calibration status. | | |  | | | | | | | | | | | |
| Calibration and Testing Processes: | | |  | | | | | | | | | | | |
| Training Programs for Technicians: | | |  | | | | | | | | | | | |
| Planned Preventive maintenance Schedule for the present year. | | |  | | | | | | | | | | | |
| Do you have Equipment’s evaluation process? | | |  | | | | | | | | | | | |
| Emergency Maintenance Protocols: | | |  | | | | | | | | | | | |
| **Personnel that contribute to BEMC Scheme** | | | | | | | **Number of the BEMC Scheme Effective Personnel** | | | | | | | |
| Top Management | | | | | | |  | | | | | | | |
| Management Representative(s) | | | | | | |  | | | | | | | |
| Equipments Management Team | | | | | | |  | | | | | | | |
| Competency criteria for personnel involved in Equipments maintenance | | | | | | |  | | | | | | | |
| Person(s) responsible for developing, implementing or maintaining Equipments performance improvements. | | | | | | |  | | | | | | | |
| Person(s) responsible for significant Equipments uses | | | | | | |  | | | | | | | |
| *Total Number of the BEMC Effective Personnel* | | | | | | |  | | | | | | | |
| Stage  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) | | |  | | | | | | | |
| **Additional Information Required** | | | | | | | | | | | | | | |
| Dependency on outsourcing and suppliers including equipment services. | Little or no dependency on outsourcing  Some dependency on outsourcing or suppliers, related to some but not all-important Equipment’s  High dependencies on outsourcing or supplier, large impact on important Equipment’s activities. | | | | | | | | | | | | | |
| Maintenance Agency & Personal Responsible (If any) |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **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.  I consent to the terms and conditions of the Biomedical Equipment Maintenance Certification (BEMC) Scheme and agree to comply with the certification requirements of SIS Cert. available on the website: **http://www.siscertifications.com.**  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**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 will be carried out on yearly basis.

**For Hospitals, Annexure 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **District** | **Hospital name** | **Medical Equipment name** | **Manufacturer** | **Model** | **Serial number** | **Functional status (Active/Inactive)** | **Department** |
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\*Add more rows depending on the number of equipment

**For AMC/CMC Service Provider and OEM,**

**Annexure 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Calibration Equipment Name** | **Manufacturer** | **Model** | **Calibration Due Date** |
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\*Add more rows depending on the number of equipment

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

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