Please provide maximum details which will help us to give most accurate quotation

(**Use one form for each location to be included in the certification)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name : |  | | | |
| Address : |  | | | |
|  |  | | | |
| E-mail : |  | | Web Site : |  |
| Contact Person |  | | Position : |  |
| Phone/ Mobile of the contact person. |  | | E-mail of the contact person. |  |
| Where did you hear about us? |  | | | |
| Activities/Products to be mentioned in certificate after Audit |  | | | |
| Brief Explanation of the product of the organization. |  | | | |
| Status of Documentation and Implementation |  | | | |
| Please mention all the standards you wish to opt for.  **(ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007, ISO 45001:2018, ISO 22000:2005,ISO 4427:2007,ISO** **9999:2016 ISO 27001:2013, ISO 13485,ISO 10993, ISO 50001,ISO 25010, ISO 37001, ISO 21001, IATF 16949 : 2016 ,CE Mark, HALAL,BRC,BSCI,FCC, Rohs, or others.(Please mention Others)** | |  | | |

|  |  |  |
| --- | --- | --- |
| Total Number of Employees (full- and part-time) in Office/ Site : |  | |
| Total Number of Students (For Education Industry) |  | |
| Total Occupancy (Restaurants/Hotels, Hospitals) |  | |
| Number of Operational Shifts |  | |
| No. of employees in Each Shift | Shift 1:-  Shift 2:-  Shift 3:- | |
| Number of Part Time Employees. |  | |
| Stage of Certification?  (Fresh Certification, Surveillance or Transfer) |  | |
| Is this a transfer from another Certification Body? (Yes or No)  forward copy of latest audit report and current certificate. |  | Name of Previous CB |
|  |  |
| Please give full details of any out-sourced processes (i.e. vital processes/services that other companies perform on your behalf) | | |
| Please provide full details of any consultancy company that you have employed for Implementation: | | |

The organization hereby undertakes to comply with the Certification regulations of SIS Cert. available on the website  **http://www.siscertifications.co.in**

Notes:

1. The quotation will be based on the information provided in the quotation request form.
2. 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) :
3. The surveillance period will be decided based on the review of application form.

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

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# SIS Certifications Pvt. Ltd.

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