**Application Form for Accreditation**

**PERSONNEL CERTFICATION BODY (ISO/IEC 17024)**

**Document no. F-PC-01**

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| **A. GENERAL INFORMATION**  NAME OF ORGANIZATION:  (Indicate exactly how the name of the personnel certification body is to appear on the certificate of accreditation) | | | | | | | | | | | |
| LEGAL STATUS:  (e.g. Govt. Dept., Private, association, , etc) | | | | |  | | | REGISTRATION NO:  (a copy of the legal entity to be attached) | | |  |
| V PHYSICAL ADDRESS(ES) | | | | |  | | | | | | |
| POSTAL ADDRESS  (\*If different from the above) | | | | |  | | | | | | |
| TEL. |  | | | | | FAX |  | | | | |
| WEBSITE | | |  | | | E-MAIL | | | |  | |
| AUTHORISED  REPRESENTATIVE | | | |  | | DESIGNATION | | |  | | |
| E-MAIL | |  | | | | Mobile phone | |  | | | |

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| **B. INFORMATION OF THE PERSONNEL CERTIFICATION BODY** | | | | | | | | | |
| **B1. Major activities of the Personnel Certification Body** | | | | | | | | | |
|  | | | | | | | | | |
| Date of establishment | |  | | | Approx. number of certificates generated in the past year: | | |  | |
| Duration of quality system has been implemented in your company: | | | | | |  | | | |
| **Total Number of staff** |  | | **Total Number of technical staff** | |  | | **Total Number of examiners** |  | |
| C. **Information related to scope applied for accreditation**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **C1.** | **Details of the Scope for which application is applied for** | | | | | | | | | **S. No.** | **Scope applied for accreditation** | **Is the certification scheme based on any National /International Standards?** (please specify) | | **Owner of Certification Scheme(self/other)**  *(If an external body is the scheme owner, please provide the legally enforceable Agreement with the Scheme Owner )* | | **Location from where the certification scheme is being operated**  *(e.g. Central Office/ Regional Office/any other office)* | | **List the countries from where the certification scheme is being operated and the name of the countries in which the scheme is being operated in** | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | | **C2** | **If the applicant CAB outsources any work or infrastructure related to certification process (locations/infrastructure/equipment’s etc.) kindly provide legally enforceable agreement with the body that provides outsourced work.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Address/Contact Details** | **Activities Performed** | **Resources: Assessors /Others** | **Schemes Operating Under this Subcontractor/Franchisee** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | | **C3** | **Details of Examination Locations**  *(If examination locations are outsourced provide the copy of the agreement of available )* | | | | | | | | | **S. No.** | **Name of Test Center** | | **Address of Test Center**  **(Including Email and Contact Details )** | | **Scope**  **(Certification Scheme)** | | **Copies of Agreement  Yes / No**  *(if Yes please attach* | | |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | | | | | | | | | |
| C4. Details of scope:  (Please fill in the scope of accreditation as in Appendix A) | | | | | | | | |
| No. of Appendix A pages attached | | | |  | | | | |
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| **D. DECLARATION** | | | | | | | | | |
| **D1. Submission of Documentations**  We enclosed herewith a copy of quality manual and procedures. | | | | | | | | | |
| **D2. Declaration** | | | | | | | | | |
| The Organisation/Certification Body hereby undertakes: | | | | | | | | | |
| 1. to comply with Accreditation Standard ISO/IEC 17024 and the relevant AAA requirements and Terms and Conditions. | | | | | | | | | |
| 1. to pay all fees and costs connected with the accreditation process irrespective of the eventual granting of accreditation. | | | | | | | | | |
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| (iv) to provide access to information, documents and records as necessary for the assessment and maintenance of the accreditation; | | | | | | | | | |
| 1. to provide access to those documents that provide insight into the level of independence and impartiality of the Certification body from its related bodies, where applicable; and | | | | | | | | | |
| 1. shall arrange the witnessing of certification services when required. | | | | | | | | | |

**Prepared by**

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| Name | Designation | Date |
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