



## QUALITY COUNCIL OF INDIA (QCI)

2<sup>nd</sup> Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002  
Phone: +91-11-2337 8056 / 57; Fax: +91-11-2337 8678; E-mail: manish.pande@qcin.org; Web:  
www.qcin.org



### APPLICATION FORM FOR PERSONNEL CERTIFICATION BODIES (PrCB) Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)

**To apply for QCI Approval under the** Voluntary Certification Scheme for Traditional Community Health Providers (VCSTCHPs) **kindly complete this application form and send it to QCI at the address mentioned above accompanied by:**

1. Documents as listed in Part IV of application;
2. Application Fee (with applicable taxes) in favour of Quality Council of India.

**Before completing this application form and submitting application, the relevant documents of the Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs) should be carefully studied. If any clarifications needed, please contact QCI at [tchpscheme@qcin.org](mailto:tchpscheme@qcin.org).**

**If additional space is required for providing information to any item, the information may be annexed as a separate sheet.**

Please provide information as per the format and in the space given.

PART – I		GENERAL INFORMATION			
1.	<b>Name of the Personnel Certification Body</b>				
2.	<b>Address of Main Office</b>				
		City			
		State		PIN	
3.	<b>Contact Details</b>	Phone			
		Fax			
		E-mail			
		Web			
4.	<b>Ownership Details</b>				
5.	<b>Legal Registration Details</b>	Status			
		Regn. No.			
		Date of Regn.			
		Regn. Authority			
		Place of regn.			
		<i>If registered outside the country where Main Office is located. Also</i>			



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		<i>provide above the details of approval to operate or to do business in India / SAARC country/ Global and annex copy of the approval granted.</i>			
6.	<b>Chief Executive</b>	<i>Name</i>			
		<i>Designation</i>			
7.	<b>Primary Contact Person</b>	<i>Name</i>			
		<i>Designation</i>			
		<i>Phone</i>			
		<i>Mobile</i>			
		<i>E-mail</i>			
8.	<b>Branch Office Location(s) with activities</b>				
		<i>Mention above all Branch Office locations of the Certification Body and annex details as per the format in Table A.</i>			

### PART – II PERSONNEL INFORMATION

9.	<b>Head of Quality/Head of TCHP (Operations)</b>	<i>Name</i>				
10.	<b>Personnel for Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)</b>	<i>Managerial Staff</i>	<i>Evaluators</i>	<i>Support Staff</i>	<i>Technical experts</i>	<i>Total</i>
		Location(s)				
<i>Mention only numbers above and annex details of key Managerial Personnel, all evaluators &amp; Technical Experts at the Main Office as well as Branch Office locations as per the format in Table B.</i>						



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### PART – III OTHER INFORMATION

11.	<b>Accreditation held as per ISO 17024, ISO 17021 etc. if any</b> <i>Please specify Accreditation Body's name, Cert. No. and Validity Period</i>				
12.	<b>Other Approval(s) from Govt. or Regulatory Bodies, if any</b>				
13.	<b>Other activities within the same legal entity</b>				
14.	<b>Related Organization(s), if any, and their activities</b>				
15.	<b>Major Clients</b>				
16.	<b>No. of Certificates issued to personnel as per ISO 17024, or any other certification</b>	ISO 17024 Certification			
		Any other Certification			
17.	<b>Financial Performance</b> (for last 3 financial years)	<i>Financial Year</i>	<i>Total Income</i>	<i>Income from certification</i>	<i>Net Profit</i>

### PART – IV ANNEXED INFORMATION

1.	Organization Registration Certificate & Memorandum / Articles of Association ( <i>copy only</i> )	<i>Annex – 1</i>
2.	Master List of Documents relating to VC Scheme for TCHP ( <i>with issue and/or revision status</i> )	<i>Annex – 2</i>
3.	Quality Manual in accordance with Scheme requirements/ ISO/IEC 17024, if available	<i>Annex – 3</i>
4.	Documentation relating to VC Scheme for TCHP (Procedures, Competence Criteria, Formats, Checklists etc.)	<i>Annex – 4</i>
5.	Branch Office(s) with activities to be covered under approval ( <i>list as per format in Table – A</i> )	<i>Annex – 5</i>
6.	List of Managerial Personnel, Auditors & Technical Experts ( <i>list as per format in Table – B</i> )	<i>Annex – 6</i>
7.	Application Fee - <i>Amount, Cheque / DD No., Date:</i>	<i>Annex – 7</i>
8.	Other Documents ( <i>annex list</i> )	<i>Annex – 8</i>



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### PART –V

### DECLARATION

I, the Authorized Representative on behalf of our Personnel Certification Body (PrCB), agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI Approval under the Voluntary Certification Scheme for TCHP , and declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. QCI criteria, requirements, procedures and documents have been read, understood and implemented.
3. Have adequate resources to undertake certification work under the Voluntary Certification Scheme for TCHP, undergo assessment as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.
4. Shall ensure that the operations, staff and procedures of our Personnel Certification Body(PrCB) will always continue to comply with the QCI Scheme requirements and procedures.
5. Shall always maintain impartiality and integrity in operations as well as in certification work.
6. Shall always provide, or give access to, all documents, records, information and facilities during the entire assessment process to enable a thorough assessment of our Personnel Certification Body (PrCB) and also later during the period of approval.
7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by QCI.
8. Shall immediately notify QCI of any significant changes in organizational status / structure, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our approval.
9. Shall undertake routine assessments, surveillances & reassessments as scheduled by QCI and also the verification or surprise visits as decided by QCI.
10. Any fee and charges payable by our Personnel Certification Body (PrCB) and which remains unpaid shall be recovered from our Personnel Certification Body (PrCB) with late payment charges as appropriate and decided by QCI.
11. If our Personnel Certification Body (PrCB) at any time is found not complying with the above declaration or the requirements of QCI or ISO/IEC 17024 standard as applicable or is found misrepresenting or misusing approval or carrying out malpractices or bringing QCI into disrepute, any action against our certification body may be taken including suspension and withdrawal as deemed appropriate by QCI.
12. If any information given along with this application is later found to be false, QCI may decide to cancel our application/approval.
13. We shall obtain NABCB accreditation as per ISO/IEC 17024 for the Scheme for Voluntary Certification of TCHP within 3 years.

**Authorized Representative**

*Signature*

*Name*

*Designation*

*E-mail*

*Date*

*Place*



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### PrCB BRANCH OFFICE LOCATION(S)

### TABLE – A

S.No.	Branch Office location with complete address	Phone, Fax & E-mail; Local Contact Person (with Designation)	Activities Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

### PrCB MANAGERIAL PERSONNEL, EVALUATORS & TECHNICAL EXPERTS

### TABLE – B

S.No.	Name with Designation	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			