



## 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: nabcb@qcin.org; Web: www.qcin.org;

### APPLICATION FORM FOR CERTIFICATION BODIES

Voluntary Certification Scheme for Ayush Products / Provisional Approval

*To apply for QCI Approval under Provisional Approval of Certification Bodies for Ayush Products, please 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, relevant Provisional approval of CB for Ayush Products documents should be carefully studied. If any clarification is needed, please contact QCI.*

*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 Certification Body</b>				
2.	<b>Address of Main Office</b>				
		<i>City</i>			
		<i>State</i>		<i>PIN</i>	
3.	<b>Contact Details</b>	<i>Phone</i>			
		<i>Fax</i>			
		<i>E-mail</i>			
		<i>Web</i>			
4.	<b>Ownership Details</b>				
5.	<b>Legal Registration Details</b>	<i>Status</i>			
		<i>Regn. No.</i>			
		<i>Date of Regn.</i>			
		<i>Regn. Authority</i>			





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PART – III		OTHER INFORMATION			
12.	<b>a. NABCB Accreditation as per ISO/IEC 17065, if any</b>  <i>Please specify Accreditation Cert. No. and Validity Period</i> <b>b. Any other accreditation</b>				
13.	<b>Other Approval(s) from Govt. or Regulatory Bodies, if any</b>				
14.	<b>Other activities within the same legal entity</b>				
15.	<b>Related Organization(s), if any, and their activities</b>				
16.	<b>Major Clients</b>				
17.	<b>No. of Certificates issued for GAP/GMP related certification and any other certification</b>	GAP/GMP Certification			
		Any other Certification			
18.	<b>Financial Performance</b> (for last 3 financial years)	<i>Financial Year</i>	<i>Cert. Income</i>	<i>Total Income</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 Provisional Approval of CB for Ayush Products ( <i>with issue and/or revision status</i> )		<i>Annex – 2</i>
3.	Quality Manual in accordance with ISO/IEC 17065, if available		<i>Annex – 3</i>
4.	Documentation relating to Provisional Approval of CB for Ayush Products (Procedures, Competence		<i>Annex – 4</i>
5.	Branch Office(s) to be covered under approval ( <i>list as per format in Table – A</i> )		<i>Annex – 5</i>



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6.	List of Managerial Personnel & Auditors ( <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.	CRM-cum-Assessment Report Provisional Approval of CBs_	<i>Annex - 8</i>
8.	Other Documents ( <i>annex list</i> )	<i>Annex – 9</i>

<b>PART –V</b>		<b>DECLARATION</b>
<p>I, the Authorized Representative on behalf of our Certification Body, agree to the following Terms &amp; Conditions of QCI as well as Rules and Procedures for QCI Approval under the Provisional Approval of CB for Ayush Products, and declare the following:</p> <ol style="list-style-type: none"><li>1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.</li><li>2. QCI criteria, requirements, procedures and documents have been read, understood and implemented.</li><li>3. Have adequate resources to undertake certification work under the Provisional Approval of CB for Ayush Products, undergo assessment as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.</li><li>4. Shall ensure that the operations, staff and procedures of our certification body will always continue to comply with the QCI Scheme requirements and procedures.</li><li>5. Shall always maintain impartiality and integrity in operations as well as in certification work.</li><li>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 certification body and also later during the period of approval.</li><li>7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by QCI.</li><li>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.</li><li>9. Shall undertake routine assessments, surveillances &amp; reassessments as scheduled by QCI and also the verification or surprise visits as decided by QCI.</li><li>10. Any fee and charges payable by our certification body and which remains unpaid shall be recovered from our certification body with late payment charges as appropriate and decided by QCI.</li><li>11. If our certification body at any time is found not complying with the above declaration or the requirements of QCI or ISO/IEC 17065 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, withdrawal or debar as deemed appropriate by QCI.</li><li>12. If any information given along with this application is later found to be false, QCI may decide to cancel our application.</li><li>13. We shall obtain NABCB accreditation as per ISO/IEC 17065 within a year.</li></ol>		
		<b>Authorized Representative</b>
<i>Signature</i>		
<i>Name</i>		



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<i>Designation</i>	
<i>E-mail</i>	
<i>Date</i>	
<i>Place</i>	

CERTIFICATION BODY 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.			

CERTIFICATION BODY MANAGERIAL PERSONNEL & AUDITORS			TABLE – B
S. No.	Name with Designation	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			