Application for Accreditation

Name of the Applicant

Please tick the appropriate box below

Authorized Training	Authorized	Authorized
Organisation (ATOs)	Trainer (AT)	Auditor (AA)



Certification Asia

Accreditation Council

1. Name																
2. Address of Head office			Į,	ļ		ļ	ļ	ļ	ļ	Į.	ļ		1	ļ		
3. Legal Status										Piı	n Co	ode				
4. Phone No.					_											

5. Email	
6. Accredit	ted by any other body yes No
6. a Name	of the Body
6. b Scopes	s of Accreditation
6. c Accred	ditations No. (If any)
	of Accreditation (ATOs , AT, AA) – in case of ATOs please indicate which qualification y_0 for in below table.
Sl.No.	Description
9 Location	ns to be included in
ccreditation	i a.
	<u> </u>

9. a Full time 9.b Other 10 Number of Organi	Auditors Staf	Auditors			
9.b Other		Additors	Staff	Auditors	Staff
	sations Certified against (each scope]	
- -	Name of Organisatio	· 1 [Nar	ne of Organ	ization
Зсоре	Name of Organisatio	зсоре	IVai	ne or organ	ization
11. Total number of o	rganizations Certified				
12. Other Activities be	esides certification				
13. Related organizati	ons in similar business (T	raining, Consulting, C	Certification)		
14. List of enclosures	(Please mark in the box)				
a. Quality Manual, Pro	ocedures and Cross-refero	ence Matrix			
ວ. Sample of the Certi	ficate and the schedules	f any			
c. Sample of the Certif	fication agreement if any				
d. Sample of the Mark	of the applicant and pro	of of its ownership ri	ghts		
e. List of the auditor s	taff (full time and other)	ocation wise with th	eir		
specialization agair	nst the scopes applied for				
List of the Certified	organizations against eac	h scope			
g. Description of the li	ability insurance held				
n. Application fee					
. Letter of authorizati	on from management to	act behalf of the CB			

Note: Please attach additional sheet where necessary
I/We, on behalf of
Apply for accreditation against the scopes specified in column 7, and declare that
(i) The information given in this application is true.
(ii) The accreditation criteria and accreditation procedures have been read & understood.
(iii) The applicant body has adequate resources to conduct certification in accordance with the accreditation criteria and other guidance documents.
(iv) The applicant body will pay the fee as per the applicable fee schedule.
(v) If any information given by the applicant body is wrong or the applicant body is found to be not complying to the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of the Board.
(vi) The applicant body agrees to provide access to all the information relevant to the certification system (including details of complaints, disputes and appeals) for which accreditation is sought.
(vii) The applicant body will, from the date of signing of this application,
a) Comply to the accreditation criteria and the rules of the Board.
b) Shall ensure that none of the acts of omission or commission of the applicant body will bring the accreditation and certification system to disrepute.
 Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation.
d) Shall take appropriate corrective and preventive action on its conduct and issues that are indentified by the Board as contrary to the conditions at vii) to vii) c.
Signature of
Authorized Signature: 1. — 2. —
Name ————————————————————————————————————
Designation ————————————————————————————————————
DESIGNATION
Date — — — — — — — — — — — — — — — — — — —