



भारतीय मानक ब्यूरो
BUREAU OF INDIAN STANDARDS

FORM

MANAGEMENT SYSTEMS CERTIFICATION

TITLE: Questionnaire for Obtaining Preliminary information and declarations from the applicant for obtaining licence for certification of Management System for Educational Organizations against ISO 21001

प्रलेख : एमएससी-एफ 11-17 DOC: MSC-F11-17	जारी : 01 ISSUE: 01	दिनांक : मई 2019 DATE: May 2019	पृष्ठ : 3 का 1 PAGE: 1 of 3
Prepared By: MSCD		Approved By: DDG(MSCD)	

(To be submitted in Triplicate)

1. DETAILS OF THE ORGANIZATION

1.1	Name	:	_____
1.2	Address	:	_____ _____ _____ _____ _____
1.3	Contact Details	:	_____
1.3.1	Telephone	:	_____
1.3.2	Fax	:	_____
1.3.3	Email	:	_____
1.4	Address of the Registered Office (if different from 1.2 above) (Enclose copy of Registration Certificate from the concerned authority).	:	_____ _____ _____ _____
1.4.1	Telephone	:	_____
1.4.2	Fax	:	_____
1.4.3	Email	:	_____
1.5	Type of Educational Services offered <i>Pre-primary/Primary/Secondary/ University/College/Vocational, including professional higher education and apprenticeships/ Continuing education (adult education)/ Tutoring, coaching and mentoring</i>	:	_____
1.6	Indicate whether the unit is a part of some larger organization, if so give the name and address of the holding organization	:	_____ _____ _____
1.6.1	Name	:	_____
1.6.2	Address	:	_____ _____ _____
1.7	Indicate whether the organization has branches at different locations or multiple-sites of operations.If yes, give name(s) & address(es) alongwith the brief description of processes carried out at all such locations/sites for which certification is sought (use separate sheet, if required)	:	_____
1.7.1.	Number of Shifts (with timings of each shift)	:	_____
1.8	Number of Personnel	:	_____



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- 1.8.1 Number of part-time personnel covered in the scope of certification converted to full time personnel (*based on 8 hours/day working*) _____
- 1.8.2 Number of personnel partially involved in the scope of certification converted to full time personnel (*based on 8 hours/day working*) _____
- 1.8.3 Number of personnel in simple functions (*Finance, Admin, Security, Transport, Drivers, Canteen, Gardening, etc.*) _____
- 1.8.4 Number of personnel in general shift/shift-1 _____
- 1.8.5 Number of personnel in other shifts _____
- 1.8.6 Number of personnel in other shifts for mutually exclusive operations/functions other than that in general shift/Shift 1 _____

2. Information Relating To Management System For Educational Organisations

2.1 Management Representative (MR)/ Contact Person

2.1.1 Name _____

2.1.2 Designation _____

2.1.3 Contact Details _____

Mobile: _____ Fax: _____ Email: _____

2.2 Scope for which certification is sought _____

2.3 Educational Organisations Management System Documentation & Implementation

2.3.1 Documentation Structure (*mention Title of Document, Issue No. & Date, No. of Amendments, if any*) _____

2.3.1 Details of 'outsourced processes' used, if any, that affects conformity to requirements and type & extent of controls applied over such processes (*use separate sheet, if required*) _____

2.3.2 List of legal and statutory requirements applicable to products including output resulting from the product realization processes (*use separate sheet, if required*) _____

2.3.3 Date on which the Management Review was last held : _____

2.3.3 Date(s)/Period during which Internal Audit was last held _____

3.0 CONSULTANCY

3.1 In case the Management System for Educational Organisations is established, implemented or maintained through use of consultancy, the following information be provided:

a) Name & Address of the consultancy organization/personnel

b) Type of consultancy provided _____

{such as preparing manual, procedures etc;
giving specific advice, instructions or



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*solutions for development and
implementation of management system}*

- c) Status of consultancy (whether continues or ended) _____
- d) Date on which consultancy ended, if applicable _____

4. Details of other Management Systems Licence/Certification held or Assessment Held, If Any

5. DECLARATIONS – The organization hereby gives the following declarations:

- a) to comply with the certification requirements,
- b) to inform about the following changes, if and when such changes happen:
- the legal, commercial, organizational status or ownership,
 - organization and management (e.g. key managerial, decision-making or technical staff),
 - contact address and sites,
 - scope of operations under the certified management system, and
 - major changes to the management system and processes.
- c) to make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints,
- d) to make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors),
- permits BIS to make the information regarding certification granted with the scope it covers and its status accessible to public.
- e) that it is understood by us that all the other information, except for information that is made publicly accessible as confidential.
- f) That it is also agreed that BIS notifies to us when confidential information is released when BIS is required by law or authorized by contractual arrangements (such as with the accreditation body), unless prohibited by law?
- g) that it is also understood that BIS does not disclose our confidential information to a third party without the written consent from us (certified client or individual concerned).

Signature _____

Name _____

Seal of the Firm

Designation _____

Date:

For and on behalf of _____

M/s

(Note: All the three copies of this form are to be signed in original by the authorized signatory)