

MANAGEMENT SYSTEMS CERTIFICATION

FORM

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 जारी : 01 दिनांक : मई 2019 पृष्ठ : 3 का 1 DOC: MSC-F11-17 ISSUE: 01 DATE: May 2019 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	:	
	Pre-primary/Primary/Secondary/ University/College/Vocational, including professional higher education and apprenticeships/ Continuing education (adult education)/ Tutoring, coaching and mentoring		
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 br at different locations or multiple-sites of operations. If yes, give name(s) & addres alongwith the brief description of process carried out at all such locations/sites for certification is sought (use separate sheet, if required)	ss(es) ses	
1.7.1.	Number of Shifts (with timings of each st	hift)	
1.8	Number of Personnel		



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जारी : 01

ISSUE: 01

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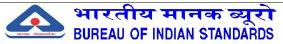
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दिनांक : मई 2019

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1.8.1	the sc	r of part-time personnel covered inpe of certification converted to full rsonnel (based on 8 hours/day working)					
1.8.2	the sc	r of personnel partially involved in					
1.8.3	(Finar	r of personnel in simple functions ee, Admin, Security, Transport, , Canteen, Gardening, etc).					
1.8.4	Numb	r of personnel in general shift/shift-1					
1.8.5	Numb	r of personnel in other shifts					
1.8.6	mutua	r of personnel in other shifts for y exclusive operations/functions and that in general shift/Shift 1					
2.	Inforn	ation Relating To Management System For Educational Organisations					
2.1		ement Representative (MR)/ t Person					
2.1.1	Name						
2.1.2	Desig	ation					
2.1.3	Conta	Contact Details					
	Mobile	Fax: Email:					
2.2	Scope	for which certification is sought					
2.3	Educa	tional Organisations Management System Documentation & Implementation					
2.3.1	Docur	entation 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 o 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	CONS	LTANCY					
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)						
	b) Type of consultancy provided						
	{such as preparing manual, procedures etc;						



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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						
Detai	ils of other N 	/lanagem	ent Systems Licen	ce/Certification held or Asses	sment Held, If Any		
DECI	LARATIONS	– The or	ganization hereby	gives the following declaration	 is:		
a)	to comply with the certification requirements,						
b)	to inform about the following changes, if and when such changes happen:						
	i) th	e legal, co	ommercial, organiza	tional status or ownership,			
	ii) oı	organization and management (e.g. key managerial, decision-making or technical staff),					
	iii) co	contact address and sites,					
	iv) so	cope of op	erations under the o	certified management system, ar	nd		
	v) m	ajor chan	ges to the managen	nent system and processes.			
c)	to make all necessary arrangements for the conduct of the audits, including provision for examin documentation and the access to all processes and areas, records and personnel for the purposes initial certification, surveillance, recertification and resolution of complaints,						
d)	to make provisions, where applicable, to accommodate the presence of observers (e.g. accreditat 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 pu accessible as confidential.						
f)	That it is also agreed that BIS notifies to us when confidential information is released when B required by law or authorized by contractual arrangements (such as with the accreditation b unless prohibited by law?						
g)				not disclose our confidential info ent or individual concerned).	rmation to a third party with		
				Signature			

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

Seal of the Firm

Date:

Name

M/s

Designation

For and on behalf of -----