

	<b>FORMAT</b>	<b>Doc. : MSC-F11-12</b> <b>Issue No. : 03</b> <b>Date : FEB 2017</b> <b>Page 1 of 2</b> <b>Approved by: DDG (MSCD)</b>
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## FORM – XII

*(To be submitted in triplicate)*

### QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF QUALITY MANAGEMENT SYSTEMS CERTIFICATION AND/OR HAZARD ANALYSIS AND CRITICAL CONTROL POINT (HACCP) AGAINST RELEVANT INDIAN STANDARDS

#### 1. DETAILS OF THE COMPANY

1.1 Name of the Firm

1.2 Address of the Factory/Unit \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_

1.3 Address of the Registered Office \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

1.4 Status of the Unit

Large/Small Scale Industry/Ancillary/Tiny units/Small Scale Service and Business (Industry Related)  
Enterprises/ small enterprise (see Note)

Note: Please enclose Registration letter from the concerned authority and also see BIS 'Guidelines for Applicants'.

1.5 Indicate whether the unit is a part of some larger organization if so give the name and address of the holding organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

1.6 **Number of Shifts (with timings of each shift):**

#### 2.0 Number of Personnel

2.1 Number of part-time personnel covered in the scope of certification converted to full time personnel (based on 8 hours/day working): \_\_\_\_\_

2.2 Number of personnel partially involved in the scope of certification converted to full time personnel (based on 8 hours/day working) : \_\_\_\_\_

2.3 Number of personnel in simple functions (Finance, Admin, Security, Transport, Drivers, Canteen,



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Gardening, etc):\_\_\_\_\_.

**2.4** Total number of personnel in general shift/shift-1: \_\_\_\_\_

**2.5** Total number of personnel in other shifts: \_\_\_\_\_

**2.6** Number of personnel in other shifts for mutually exclusive operations/functions other than that in general shift/Shift 1: \_\_\_\_\_

### **3. OTHER INFORMATION**

**3.1** Description of category of activities or processes for which licence is sought

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**3.2** Quality Management Systems Standard and/or HACCP System Standard Assessment Schedule as applicable IS/ISO \_\_\_\_\_ and/or IS \_\_\_\_\_

**3.3** Details of assessment and/or licence/certificate already held.

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**3.4** Details of any Quality Management Systems documentation and/or HACCP documentation

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Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

For and on behalf of \_\_\_\_\_

Date:

Seal of the Firm \_\_\_\_\_

All the three copies of this form are to be signed in original by the authorized person.