

FORM - XIV
(To be submitted in triplicate)

**QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION
FROM THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION
OF SERVICE QUALITY MANAGEMENT SYSTEMS AGAINST IS 15700**

1. DETAILS OF THE ORGANIZATION

1.1 Name of the Organization

1.2 Address of the Site/Central Office _____

1.3 Telephone _____ Fax _____ Email _____

1.4 Status of the Organization
(Government Department(Central/state)/Central PSU/State PSU)
(Large/Medium/Small/Micro Scale Industry Service Enterprises/small enterprise).

1.5 Indicate whether the organization 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, 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 Nodal Officer(s)

3.1.1 Apex Nodal Officer

3.1.1.1 Name _____

3.1.1.2 Designation _____

3.1.1.3 Contact Details: Telephone _____ Fax: _____

Mobile No. _____

Email: _____

3.1.2 Unit Nodal Officer (if applicable)

3.1.2.1 Name _____

3.1.2.2 Designation _____

3.1.2.3 Contact Details: Telephone _____ Fax: _____

Mobile No. _____

Email: _____

3.2 Description of services for which licence is sought

3.3 Details of other Management Systems licence or certificate already held and/or Assessment held

3.4 Details of Service Quality Management System Documentation

- a) Service Quality Manual
- b) Citizen Charter
- c) Any other document (Please attach sheets)

3.4.1 Date(s)/Period during which Internal Audit(s) conducted _____

3.4.2 Date(s) during which the Management Review was conducted _____

3.4.3 Legal, Statutory and Regulatory Requirements

List the legal requirement/standards/codes of practice etc.

3.5 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:
 - i. the legal, commercial, organizational status or ownership,
 - ii. organization and management (e.g. key managerial, decision-making or technical staff),
 - iii. contact address and sites,
 - iv. scope of operations under the certified management system, and
 - v. 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),
- e) permits BIS to make the information regarding certification granted and its status accessible to public.

Signature_____

Name _____

Designation_____

For and on behalf of _____

Seal of the Firm

Date:

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