



NQAQSR CERTIFICATION PVT. LTD.

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QUESTIONNAIRE

This Questionnaire is sent in response to enquiries to obtain preliminary information, which will enable us to confirm an estimate of costs for registration and process any subsequent application, as quickly as possible. The questionnaire should complete in as much details as possible and return to NQAQSR.

NAME OF THE COMPANY : _____

ADDRESS : _____

CONTACT PERSON _____ POSITION _____

PHONE : _____ FAX _____ E-MAIL _____

NO. OF EMPLOYEE (Please gives details of employees as follows)

-Total in company _____ Nos. at main address _____

1) No of employees 2) No. of employees

Sl No. of Employees including part time employees and contractor employees					
1.	General Shift	First Shift	Second Shoft	Third Shoft	Total Employees

Sl No. of Employees including part time Employees and contractor employees					
1.	General Shift	First Shift	Second Shift	Third Shift	Total Employees

GROSS TURNOVER _____ Per annum (approx.)

SCOPE OF REGISTRATION (give precise description of Products/Services including any legal obligations)

DOES YOUR ORGANISATION HAVE MULTI SITE LOCATIONS YES NO

IF YES GIVE DETAILS: _____

PROPOSED CERTIFICATION STANDARDS: ISO 9001 14001 18001

STATUTORY AND REGULATORY REQUIREMENTS APPLICABLE TO YOUR PRODUCTS /SERVICES (IF ANY) _____

OUT SOURCE PROCESS – Please describe the process in detail. Attach Extra sheet if needed.

DETAILS OF ASSESSMENT AND REGISTRATION ALREADY HELD:

DETAILS OF ANY QUALITY SYSTEM DOCUMENTATION PRODUCED:

e.g. 'Policy Manual only', 'System at Draft Stage' _____

HAVE YOU A SPECIFIC PROGRAMME/TIMESCALE FOR ACHIEVING REGISTRATION ?

HAVE YOU USED A CONSULTANT? (If yes) Please give Name & Address _____

DATED

Signed

Designation