



ISO QUESTIONNAIRE

APPLICANT INFORMATION

Applicant:		
Designation:	Mail id:	Phone:
Mobile:	Country:	City:

COMPANY INFORMATION

Company Name:		
Address:		Phone:
Nature of business <i>(Details of service, product and domain):</i>		
Status of the organization:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited	<input type="checkbox"/> Government <input type="checkbox"/> Trust/Association

Number of Employees :	Website:
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Date of Incorporation *(Years since business):*

Additional Location	No. of Employees	Activities conducted at this location

CERTIFICATION INFORMATION

ISO Certification *(9001, 14001....):*

CE Certification:

Specify if any other International Certification:

Reason for Certification:	<input type="checkbox"/> Branding <input type="checkbox"/> Tender/Bids <input type="checkbox"/> Process improvement <input type="checkbox"/> Legal/statutory requirement <input type="checkbox"/> Customer requirement <input type="checkbox"/> Other
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OTHER INFORMATION

Expected project start date :	Expected end date :
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Remarks and other information: