

Important: For preparation of a written quotation, we need information about your organization. All information supplied by you will be treated in strict confidence. Please complete this questionnaire. Use extra sheets wherever required. Fields marked with "\*" are mandatory for filling.

**For Each plant separate Application form to be filled.**

Note : this application form include table 1 to 11, as attached, mandatory to be filled along with application

<b>COMPANY DETAILS</b>		
* Company Name:		
* Registered Address:		
* Activities covered at Location:		
Phone:	Fax:	
*E-mail:	Website:	
*Chief Executive/MD:	Mobile:	
*Contact Person Name:	Position	Mobile:
Company Status (Please Tick): <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Please Specify		
Total No. of Shifts: ____ Total No. of employees: Full Time____ Part Time____ Subcontracted_____		
Type of Audit : <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB (if Yes, provide other certification body evaluation report)		
<b><u>Declaration of Judicial and Regulatory Proceedings-</u></b>		
This is to declare that there is no judicial proceeding done during past one year relating to our operation or is in process and no proceedings by any Regulatory body or suspension / cancellation / withdrawal of any certification / approvals under any Regulations or otherwise has been done during past one year or is in process.		
Name:.....Designation:.....Sign and Seal : .....		
If there is any proceeding in process, please provide details.		
<b>BUSINESS DETAILS</b>		
<b>Any statutory &amp; regulatory requirements related to Products/services:</b>		
Service Tax No _____ Excise No: _____ TIN No _____ IEC Code : _____		
PAN No. _____		

**Declaration:** The information provided above is true to the best of our knowledge and behalf.

Quotation Requested by \_\_\_\_\_ Name:

Designation: \_\_\_\_\_ Sign: \_\_\_\_\_ Date:

<b><u>FOR THE USE OF EQUALITAS SYSTEMCERT PRIVATE LIMITED ONLY</u></b>	
Reviewed By :	Date:
Can this Application be further processed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Application review will be done within 7 day of receipt of application and the applicant RMC Plant will be informed about adequacy or deficiencies observed within but before expiry of 7 day.	

Please send it on below address or Email:

**EQUALITAS SYSTEMCERT PRIVATE LIMITED**  
**816, Ansals Kirti Shikhar, 11, District Centre, Janakpuri, New Delhi-110 058(INDIA)**  
**Tel: +91-11-41613766, 8506070726, Web: www.escpl.com, EMAIL: info@escpl.com**