

# VISIONCARE CERTIFICATION Pvt. Ltd.



**Add:** Plot No. B-65, IInd Floor, Nanak Apartment, Kasturba Nagar, Near Energy Tower-Chetak Bridge, Bhopal (MP) 462023, **Phone:** 0755-4077839  
**Email:** visioncarebpl@gmail.com, www.visioncarecertification.com

Sr. No.

## APPLICATION FORM

Ref. : VCPL

<b>Registration type: New Certification / Transfer</b> (if transfer please provide previous certificate and audit report)			
<b>Organization name:</b>			
<b>Address:</b>			
<b>Country:</b>		<b>State:</b>	
<b>Telephone:</b>		<b>Mobile:</b>	<b>Fax:</b>
<b>E-Mail:</b>		<b>Website:</b>	
<b>Contact Person:</b>		<b>Designation:</b>	
<b>Scope of work :</b>			
<b>Nature of Services:</b>			
<b>Certification Required: (ISO9001/ISO14001/ISO22000/OHSAS 18000/ISO 27000/Other)</b>			
<b>Surveillance Frequency:</b>			
<b>Number of site(s) &amp; shift(s):</b> (if more than one please give detail)			
<b>Number of Employees:</b>		<b>Full Time:</b>	
		<b>Contractual :</b>	
<b>Number of Subcontractors:</b>		<b>Full Time:</b>	
		<b>Part Time:</b>	
<b>Is Design applicable or not applicable:</b> (If applicable give detail?) Design : Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Any special/outsourced processes /risks /or exclusion(s):</b>			
<b>If you have employed any Consultancy co. Please give detail:</b>			
<b>We understood that we have to pay certification body charge in Favour of Visioncare certification Consultants Pvt. Ltd. through cheque / DD only as per following payment status</b>		<b>Certification Fees:</b>	
		<b>Surveillance Fees: (Annually)</b>	
<b>We are agree to comply all terms and conditions.</b>			
<b>Date:</b>		<b>Signed &amp; Stamped:</b>	