



# PARMAR SERVICES

## ISO CERTIFICATION SERVICES

### APPLICATION QUESTIONNAIRE FOR MANAGEMENT SYSTEM CERTIFICATION

C P-4/1/3, SECTOR-4, JAGRITI VIHAR (OPP.COMMUNITY HALL SEC-3), GARH ROAD, MEERUT-250004  
(Tel No. 0121-2604145, 7417112244) Website: [www.parmarservices.com](http://www.parmarservices.com) Email: [info@parmarservices.com](mailto:info@parmarservices.com)

*Name of Organization:-		
*Postal Address-1:-		
*Postal Address-2:-		
*Contact Person Name:	*Position:	
*Email:		
*Mobile No	*Phone:	
*Legal Status of Organization: Pvt. Ltd./Public Ltd./Proprietorship/Partnership		
*Name of Director/Partner/Proprietor:-		
*Mobile no & email Address:-		
*Website:		

#### **CERTIFICATIONS REQUESTED**

##### **Quality Management System ISO 9001:2015**

Is the category "design and development" included in the activities to be certified?  Yes  No

Is there any process that affects product conformity outsourced?  Yes  No

Exclusions if any?  
Any legal obligation?

##### **Occupational Health & Safety System OHSAS 18001:2007**

How many sites is your Organization managing at the same time?

Hazard's Identified?

Please detail any critical occupational health & safety risks identified?

##### **Environmental Management System ISO 14001:2004**

How many sites is your company managing at the same time?

A Register of Significant Environment aspect?  Yes  No

An Environmental Management Manual?  Yes  No

An Internal Environmental Audit Programme?  Yes  No

Has the Internal Environmental Audit Programme been implemented?  Yes  No

**Food Safety Management System** ISO 22000:2005HACCP implementation or Study conducted?:  Yes  No

How many sites is your company managing at the same time?

How many process lines?

Any prior audits?  Yes  No

If yes then Specify the result

**Information Security/Technology Management System** ISO 27001:2005 ISO 20000-1:2011**Size and complexity of client's organization**

The number of employees department wise  
 Number of user  
 Number of Sites  
 Number of server  
 Number of WS+PC+Laptop

Whether already certified to ISO27001/ ISO 9001/ ISO 14001  Yes  No**Attachment :**

	ISMS		ITSMS	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the IT-infrastructural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
identification and methodology of Risk	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Assessment Report	<input type="checkbox"/>	<input type="checkbox"/>		
Statement of Applicability w.r.t. ISO 27001	<input type="checkbox"/>	<input type="checkbox"/>		
Procedures and Control Point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records required by the standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT/Security Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal IT/Security Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of Customer/Projects covered under the scope			<input type="checkbox"/>	<input type="checkbox"/>
Detail of the service outsourced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information Client would like to provide and which is not covered above:

**CERTIFICATION PROGRAMME REQUESTED**

- Initial certification  
 Recertification  
 Combination audit  
 Transfer Cum Surveillance

In the case of several certification programmes, would you like the audits to be Combined or carried out separately?

If the answer is yes, please specify which combination :

**EMPLOYEES (For multi-site, indicate all sites to be covered under certification)**

Site Detail

Staff

Workers (Permanent/ Temporary)

Total No. of Employee :

No. of Shifts :

Scope:

Exclusion (If any):

**Please define key processes at your facility?**

**ADDITIONAL INFORMATION**

Have You A Specific Programme/Timescale For Achieving Registration?

Have you called on the services of a consultant?

Yes /  No

If yes, please specify which one :

**Name of Business Associates:-**

Is any way Business Associate involved other than marketing?

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

(Authorized signatory Name, Seal & Signature)

Position

Date

**FOR PARMAR SERVICES ISO CERTIFICATION USE ONLY:-**

REVIEWED BY:

DATE:

Can the application be further processed?