

OTABU GLOBAL SERVICES PVT. LTD.

FLAT NO. 954, BLK-D, PKT-3, BINDAPUR, DWARKA, NEW DELHI-110059, INDIA

APPLICATION FORM

Date of Application								
Name of the Company								
Address								
Website, Email and Phone number								
No of Sites								
Site 1 Address								
Site 2 Address (For more site attach separate Sheet)								
Temporary Site Address								
Contact Person Name and Designation								
Legal Status		Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Manufacturing <input type="checkbox"/> Traders/Distributors <input type="checkbox"/> Service Industries <input type="checkbox"/>						
Statutory and Regulatory Requirement								
Legal Obligation (If any?)								
Accreditation Required		ACCREDITED: <input type="checkbox"/> COMPLIANCE: <input type="checkbox"/>						
Certification Scheme		ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/> ISO 13485:2016 <input type="checkbox"/> ISO 22000:2018 <input type="checkbox"/> ISO 27001:2013 <input type="checkbox"/> ISO 37001:2016 <input type="checkbox"/> ISO 22301:2019 <input type="checkbox"/> ISO 50001:2018 <input type="checkbox"/> ISO 20001:2018 <input type="checkbox"/> & others <input type="checkbox"/>						
Scope of Certification								
Exclusion if any		Clause	Justification					
		NA						
Outsourced Process, If any		No						
No. of working shift/ No. of Employee		Details of Employees						
		Permanent Employee	Work from Home	Contracted /Subcontracted Employee	Part Time Employee	Employee At temporary site	Shifts (1/2/3)	Non Permanent Employee
Top Management								
Manufacturing/Service Area								
Quality Control/Technical								
Administration								
Storage/Warehouse								
Other								
Total Employee								
Do you run shifts? If so please give employee breakdown and types of work carried out for each shift		If you operate on temporary sites (Non-permanent), please detail typical number of sites						
IAF Code if Known & Technical Code for QMSMD/FSMS		Documentation Language					English <input type="checkbox"/> Hindi <input type="checkbox"/> or Both <input type="checkbox"/>	
When do you expect to be ready for stage-1 assessment?		Second week of May		When do you expect to be ready for Stage-2 Assessment?			Last week of May	
Have you used an external consultant or have you got any experience with Management Systems?		(If a consultant has been used please provide details of consultant here):						
How did you hear about OTABU?								
If Integrated Certification need than please answer below questions?								
Is your IMS an integrated documentation set, including work instructions to a good level of development:						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do your Management Reviews consider the overall business strategy and plan across all standards:						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an integrated approach to internal audits						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an integrated approach to policy and objectives						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an integrated approach to systems processes						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an integrated approach to improvement Mechanisms (corrective and preventive action; measurement and continual Improvement)						Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Do you have Integrated management support and responsibilities		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please confirm the preferred language for the conduct of the audit		English <input type="checkbox"/>	Hindi <input type="checkbox"/>
		or Both <input type="checkbox"/>	
Certification Program Required	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>
	Transfer <input type="checkbox"/>		
Combined Audit	In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the answer is yes, please specify which combination:		
Is Already Certified for any Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If Answer is Yes Mention Name of the Standard:		
Key Process Involved	Developing, Services through call center, testing, Programming etc.		
Additional Information Required (EMS):			
How many Sites the company is Managing at the same time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have Register of Significant Environment aspect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an Environmental Management Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an Internal Environmental Audit Programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the Internal Environmental Audit Programme been implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please summarise the significant Environmental Aspects that you have identified?			
Please detail any Environmental legal requirements related to your company activity?			
Additional Information Required (OHSAS 18001/ISO 45001:2018):			
Please summarise the significant Hazards that you have identified:			
Please detail any hazardous materials that you typically use or come into contact with (give site specific details where appropriate):			
Please detail any OH&S legal requirements related to your company activity:			
Do you recognise any Union(s), if so please give details:			
Please provide accident statistics for last two years and current year to date:			
	Type	Current Year	Previous Year
	2 Years ago		
	Major accidents/legal action		
	Over seven days absences because of an incident		
	Dangerous occurrences		
	Accidents/Incidents – minor not requiring hospital treatment		
Additional Information Required (ISO 27001:2013):			
Please list the ISO 27001 Annex A control objectives and controls that are justified as exclusions:			
Number of system users:			
Number of servers:			
Number of workstations:			
Number of application development and maintenance staff:			
Provide details of Network and encryption technology in use as part of the ISMS:			
Please detail any Information security legal requirements:			
Related to your company activity:			
ISMS Documented and Implemented System available (Yes/No):			
Additional Information Required (ISO 50001:2018):			
EnMS	Total Number of EnMS Effective Personnel in the Company:.....		
	No of Sites:.....		
	Annual Energy Consumption (TJ-Total Final Energy Consumption):.....		
	Number of Energy Resources in the Organisation:.....		
	Number of Significant Energy Uses (SEUs):.....		
Additional Information Required (ISO 22000:2018):			
FSMS	HACCP Implementation or Study Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	No of HACCP Studies:		No of Sites:.....
	No of Process Lines:		
	No. of Critical Processes:		
	Processing is Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/>		
Additional Information Required (ISO 13485:2016)			
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple	Critical activity:	
Additional Information Required (ISO 37001:2016)			
Anti-Bribery Management System - Risk			
Effective Number of Employees under ABMS	Low (Financial and other Transition in Limited Business, few stakeholders, no public delivery services etc.) <input type="checkbox"/>	Medium (Financial and other Transition at larger scale, many stakeholders, no public delivery services etc.) <input type="checkbox"/>	High (Financial and other Transition at larger scale, national, international & government bodies stakeholders, public delivery services etc.) <input type="checkbox"/>
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company			

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Name		Designation		Signature	
OTABU Official Use					
Can the Application Proceed for Application Review : <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Officer		Name of Application reviewer		Date	