

Application Form

Please complete and return this questionnaire to enable RDM Certification Services, to accurately prepare a quotation for your organization. If additional information is required, then RDM will contact you before sending a quote.

		Date:
Name of Organization		
Physical Address		
Contact Person:		
Designation:		
Telephone no:		Extn:
Mobile no:		
Email address:		
Certification Standard (s):		_
□ ISO 27001:2005 □ ISO 9001	:2015 ISO 14001:2015	5
☐ GMP ☐ ISO 1348	5:2012	5
☐ ISO 18001:2007 ☐ ISO/TS 16	5949 🔲 Six Sigma	☐ CE Marking
Do you design the product:		
Number of sites:		
Effective no. of Employees	To calculate the ef to shift work.	ffective number of employees, subtract duplication due
Scope of Certification		
Significant aspect in processes/Pollutant	List of process	
Specific Statutory and legal requirement(s)	Layout of Plant/Of	fice
Are the systems integrated	☐ Yes ☐ No	
Do you want a preliminary audit	☐ Yes ☐ No	when
Are you ready for audit	☐ Yes ☐ No	when
Are the systems implemented	☐ Yes ☐ No	How long
Did consultant help you to develop your syster		who
Are you certified by someone else	☐ Yes ☐ No	who
I have read, understood and agreed on the terms and conditions written on the back of this form. Applicant Signature		
		Seal of Company
For RDM Office use only	Sample Procedure	Comments
Resources reviewed		
Resources adequate		
Man days required		
Quotation sent		



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