



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):	
<input type="checkbox"/> ISO 27001:2005	<input type="checkbox"/> ISO 9001:2015
<input type="checkbox"/> GMP	<input type="checkbox"/> ISO 13485:2012
<input type="checkbox"/> ISO 18001:2007	<input type="checkbox"/> ISO/TS 16949
<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 22000:2005
<input type="checkbox"/> Six Sigma	<input type="checkbox"/> CE Marking
<input type="checkbox"/> TMQ	<input type="checkbox"/> HACCP
<input type="checkbox"/> Other Standard	<input type="checkbox"/>
Do you design the product:	
Number of sites:	
Effective no. of Employees	To calculate the effective number of employees, subtract duplication due to shift work.
Scope of Certification	
Significant aspect in processes/Pollutant	List of process
Specific Statutory and legal requirement(s)	Layout of Plant/Office

Are the systems integrated	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you want a preliminary audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	when	
Are you ready for audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	when	
Are the systems implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long	
Did consultant help you to develop your system	<input type="checkbox"/> Yes <input type="checkbox"/> No	who	
Are you certified by someone else	<input type="checkbox"/> Yes <input type="checkbox"/> 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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