

ALPHA Certification International

APPLICATION FORM

Note: All the information shared will be kept very confidential and shall not be used for any other purpose other than for the review for the certification purpose.

Format Review Frequency = 1 Year

Date of Application				
Organization Name				
Registered Address	Postal Code			
	State			
	Country			
Contact Details	Primary Details		Secondary Details	
Name of the Person				
Designation				
Phone No.				
Email Id				
Website				
No. of Sites				
Site 1 Address (Head Office)	Postal Code			
	State			
	Country			
Site 2 Address	Postal Code			
	State			
	Country			
Add another Location by Insert Rows Below				
Legal Status of Company	Private	Public	Proprietorship	Partnership
	Govt. Undertaken	PVT Limited		Other _____
Statutory and Regulatory Requirement Applicable	Write some legal document of this company			
Person responsible for Regulatory Compliance	Name: Email:			
GST Registration No.				
Where did you hear about us				

Ref: ACI – F - 01

Issue No. 01

Rev. No. 00

Revision Date: Nil

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How did you reach us?					
Accreditation Board	IAS		UAF		Others _____
Required ISO Standards and Other Standards	ISO 9001:2015		ISO 14001:2015	ISO 45001:2018	ISO 22000:2018
	ISO 27001:2013		ISO 19650	ISO 27701:2019	ISO 13485:2016
	ISO 50001:2011		ISO 26000:2010	ISO 22301:2019	ISO 45005:2020
	ISO 37001:2016		ISO 31001:2018	ISO 21000:2018	ISO 41001:2018
	ISO 31000:2018		ISO 13482:2014	ISO 22609:2014	ISO 14310:2008
	HSE		HACCP	CE Marking	HALAL
	KOSHER		ROHS	GMP/GHP/GLP	
If any other, Please Mention:					
Scope of Certifications					
Brief about your Services and Products					
Product Specifications for Product Certification (Please attach technical Specifications)	For Product Certification Only				
Exclusion (if any)	Clause	Justification			
Establish, development and Implementation Status of Standard (Manuals, Procedures and records availability as per the requirements of the standard)	Status of the documentation				
Details of Outsourced Process	List of outsourced process				
Employees Details					

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Location	No. of Shifts	Working hours	Total Employee	Full Time	Part Time	Unskilled workers	Design & Development Team	Off Site	*Effective No. of Employees
Site 1									
Site2									
Total									
Total Number of Students (For Education Industry)		For Schools & Colleges Only							
Type & Total Occupancy (Restaurants, Hotels, Hospitals)		We Do Not Sell, We Certify!							
*Note: For EnMS certification the number of personnel shall be who materially impact to EnMS and includes									
Personnel that contribute to Energy Performance					Number of the EnMS Effective Personnel				
Top Management									
Management Representative(s)									
Energy Management Team									
Person responsible for major changes affecting energy performance									
Person(s) responsible for developing, implementing or maintaining energy performance improvements including objectives, targets and action plans									
Person(s) responsible for significant energy uses									
<i>Total Number of the EnMS Effective Personnel</i>									
Certification status	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	For Transfer Case <input type="checkbox"/> Note: Forward copy of latest audit report and current certificate Certificate No: CB: AB:					
	If existing SIS Certification provided another standard other than this			Accreditation Board Certificate No Standard(s)					
Surveillance frequency		06 months <input type="checkbox"/> 09 months <input type="checkbox"/> 12 months <input type="checkbox"/>							
Combined Audit (In the case of several certification programs, would you like the audits to be Combined or carried out separately?)		Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, please specified which combination:							

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Joint audit	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention the other auditing organization's name:
Consultants Involved	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is yes, Mention Name of the Consultants:
Key Process Involved Or Interaction of processes	
Level of Integration (Applicable for Only for Integrated Management System)	1. An integrated documentation set, including work instructions to a good level of development, as appropriate <input type="checkbox"/> 2. Management Reviews that consider the overall business strategy and plan <input type="checkbox"/> 3. An integrated approach to internal audits <input type="checkbox"/> 4. An integrated approach to policy and objectives <input type="checkbox"/> 5. An integrated approach to systems processes <input type="checkbox"/> 6. An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement) <input type="checkbox"/> 7. Integrated management support and responsibilities. <input type="checkbox"/> 8. Auditee understanding of all the IMS Standards <input type="checkbox"/>
Additional Information Required (Standard-wise)	
EMS	How many sites the Company is Managing at the same time?
	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"/>
FSMS	HACCP Implementation or Study Conducted: Yes <input type="checkbox"/> No <input type="checkbox"/>
	No. of HACCP Studies..... No of Sites.....
	No. of Process Lines:
	Processing is: Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/>
OHSMS	Hazards Identified? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Any critical occupational health & safety risks identified? (If yes, please mention the details)
	Nearby Hospital Name & its Distance from the Site
	Do you have Empaneled Doctor or Nurse
EnMS	Annual Energy Consumption (TJ):
	No of Energy Sources:
	Number of significant energies uses (SEUs):
MD-QMS	Classification + rules (for products acc. to MDD):
	Medical Class:
	Risk Level: High <input type="checkbox"/> High-Medium <input type="checkbox"/> Low-Medium <input type="checkbox"/> Low <input type="checkbox"/>
	Main Technical Area:
	Technical Area:
	Product Categories covered by the Technical Area:
	Is the sterilization process validated with the specified products? If yes, is the sterilization performed in house?

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BCMS	1. Do you have business continuity analysis and risk assessment register? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Do you have business continuity plans? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Do you have business performance evaluation process? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EOMS	1.Type of educational services offered: Pre-primary/Primary/Secondary/University/College/Vocational, including professional higher education and apprenticeships/continuing education (adult education) / Tutoring, coaching and mentoring. 2. Indicate whether the organization has branches at different locations or multiple-sites of operations. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name(s) & address(es) along with the brief description of processes carried out at all such locations/sites for which certification is sought (use separate blank sheet, if required) 3. Educational organization work on early childhood education (ECE): Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Has organization is involved with providing special needs education to Special Challenged Students			
AIMS	AI Producer	AI Designer	AI Operator	
	AI Tester	AI Evaluator	AI Deployer	
	AI User			
	Sensitive context of AI system(s)	High	Medium	Low
	Data complexity with reference to the managed AI system(s)	High	Medium	Low
	Risk assessment with reference to the managed AI system(s)	High	Medium	Low
	more than one legal framework to manage	High	Medium	Low
	Number of outsourced services used in the scope of the AIMS	High	Medium	Low
	AIMS running in more than one company location	High	Medium	Low
	Number of Disaster Recovery Sites	High	Medium	Low
	Diversity of technology	High	Medium	Low
	Number of all documented controls needed to satisfy ISO/IEC 42001 requirements	High	Medium	Low
ABMS	1. In Last 12 Months: a. "Any Bribery Incidents" b. "Legal Issues regarding Bribery" 2. Provide Legislation Applicable as per location:			

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FMMS	Number of personnel in simple functions (Finance, Admin, Human Resources, Security, Transport, Field Staff-Sales, Messengers, Drivers, Canteen, Gardening, etc.)
Business and organization Complexity (ISMS/ITSMS)	
Types of Business and regulatory Requirement	1. Organization work in non-critical business sector and non-regulated sector <input type="checkbox"/> 2. Organization has customer in critical business sector. <input type="checkbox"/> 3. Organization works in critical business sector. <input type="checkbox"/>
Process and Task	1. Standard Process with standard and repetitive task i.e., lots of persons doing work under the organization's control carrying out the same tasks, few products or services <input type="checkbox"/> 2. Standard but not repetitive process with high number of products or services <input type="checkbox"/> 3. Complex Process, high number of products and services, many business units included in scope of certification <input type="checkbox"/>
Level of establishment of the Management System	1. ISMS is already well established and/or other management system is in place. <input type="checkbox"/> 2. Some elements of other Management system are implemented, others not <input type="checkbox"/> 3. No other Management system implemented at all, ISMS is new and not established. <input type="checkbox"/>
IT Environment Complexity (ISMS/ITSMS)	
IT Infrastructure Complexity	1. Few or highly standardized IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/> 2. Several different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/> 3. Many different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/>
Dependency on outsourcing and suppliers including cloud services	1. Little or no dependency on outsourcing <input type="checkbox"/> 2. Some dependency on outsourcing or suppliers, related to some but not all-important business activities. <input type="checkbox"/> 3. High dependencies on outsourcing or supplier, large impact on important business activities. <input type="checkbox"/>
Information System Development	1. Non or very limited in-house system/application development <input type="checkbox"/> 2. Some in house or outsourced system/application development for some important business purpose. <input type="checkbox"/> 3. Extension in house or outsourced system/application development for important business purpose. <input type="checkbox"/>
ISMS	Are there any ISMS/ITSMS records that cannot be made available for review by the audit team because they contain confidential or sensitive information? Kindly provide list of such information along with the corresponding justification:

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PIMS	<p>1. Please confirm whether your organisation is a personally identifiable information(PII) processor, data controller or both: PII Processor <input type="checkbox"/> PII Controller <input type="checkbox"/> Both <input type="checkbox"/></p> <p>2. Are you currently or has your business ever been under investigation/fined by a data enforcement agency? if yes, please provide details below: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p> <p>3. Please detail below the data protection/privacy legislation applicable to your organisation: (e.g. GDPR) if yes, please provide details below <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p> <p>4. Are you currently certified with ISO/IEC 27001? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
ITSMS	<p>1. How many business locations are within the scope of certification?</p> <p>2. Are there any exclusions from the scope of certification (i.e., location, product, service)?</p> <p>3. What specific locations are the services provisioned from?</p> <p>4. What specific locations are the services provisioned to?</p> <p>5. How many and what type of Service Level Agreements are in place?</p> <p>6. 7. Are hosted, co-located, and/or Managed Services providers (and services) utilized to deliver SMS services?</p> <p>7. Are other certifications or assurance schemes and audit performed, relevant and available (ex: PCI QSA, HIPPA, Business Associate Agreements, SSAE 16, SOC-1, CMM1)?</p> <p>8. How many internal and external users does the organization support?</p> <p>9. What are the primary services offered to users within the scope of the certification? (Note: in accordance with IT Service Descriptions in ISO/IEC 20000-1):</p> <p>10. What percent of the services provided are outsourced: None <input type="checkbox"/> , ____ %. Please describe those services that are outsourced:</p> <p>11. Is there a Configuration Management Database (CMDB)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. How many primary systems/applications/servers exist within the certification?</p> <p>13. Describe the sensitivity and/or compliance nature of information processed.....</p> <p>14. Are there any ITSMS records that cannot be made available for review by the audit team because they contain confidential or sensitive information? Kindly provide list of such information along with the corresponding justification: </p>
Additional General Requirements	
Primary Language	English <input type="checkbox"/> URDU <input type="checkbox"/> Other language <input type="checkbox"/>

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Payment Method	Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online transfer <input type="checkbox"/> Others <input type="checkbox"/>
Currency Used	Rs <input type="checkbox"/> \$ <input type="checkbox"/> Others <input type="checkbox"/>
Method of Correspondence	Email <input type="checkbox"/> Fax <input type="checkbox"/> Post <input type="checkbox"/> Skype <input type="checkbox"/> Phone call <input type="checkbox"/> Others <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. The organization hereby undertakes to comply with the Certification regulations of ALPHACert. available on the website: <http://www.aplhacert.org>

Notes:

The quotation will be based on the information provided in the quotation request form.

Please indicate your preferred target dates for the following activities:

- a) Document Review – (Specify Month/Year)
- b) Preliminary Review (Specify Month/Year)
- c) Formal On-Site Review – (Specify Month/Year)

The surveillance period will be decided based on the review of application form.

For Client Use

Name	
Designation	
Date	

Application Review (For ALPHA Head Office Use Only)

Accreditation	
Scope/Code Evaluation	
Resource Allocation	
Review Status	
Quotation Generation	