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| |  |  | | --- | --- | | **Reference No** | Click here to enter text. | |  | |  |  | | --- | --- | | **Date Of Application** | Click here to enter a date. | |
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| Lakshy Management Consultant Pvt. Ltd. | | |
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| APPLICATION FOR | | |
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| ISO 9001 / ISO 14001 / HACCP /ISO 22000, ISO 17025 / ISO 17020 / ISO 15189 / ISO 13485 / OHSAS 18001 / SA 8000/ ISO 27001 | | |
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| CONSULTANCY | | |
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| **LAKSHY MANAGEMENT CONSULTANT PVT. LTD.**  **Corporate Office: 229 Sai Chambers, Sector 11, CBD Belapur, Navi Mumbai 400614, India**  **Phone : +91 22 4024 3139, +91 22 4122 7402 / 03, Fax: +91 8860681735**  **Registered Office: A 4, Narsinhdham, Gotri Road, Vadodara, India. Phone : +91 98250 26398**  **E-Mail: [info@lakshy.com](mailto:info@lakshy.com?subject=ISO%209001:2000%20Consultancy) Web-Site:** [**www.lakshy.com**](file:///C:\Users\Kaushal%20Sutaria\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\Local%20Settings\Temporary%20Internet%20Files\OLK13\www.lakshy.com)**, www.iso-consultants.com**  **24 Hours Customer Care: +91 9821780035** | | |
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| BEFORE WE CAN PREPARE A PROPOSAL WE NEED SPECIFIC INFORMATION ABOUT YOUR ORGANISATION, SO IF YOU WILL PLEASE COMPLETE THE APPLICATION FORM AND RETURN IT TO THE ADDRESS SHOWN ON THE ACCOMPANYING LETTER, WE WILL THEN SUBMIT A PROPOSAL TAILORED EXACTLY TO YOUR NEEDS. ALL INFORMATION SUPPLIED WILL BE TREATED WITH STRICT CONFIDENCE. | | | |
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| YOUR APPLICATION DOES NOT COMMIT YOU TO USING OUR SERVICES IN ANY WAY. | | | |
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| PROVIDED OUR PROPOSAL IS ACCEPTABLE TO YOU, WE CURRENTLY REQUIRE A LEAD TIME OF APPROXIMATELY **ONE** WEEK TO START OUR CONSULTING PROCESS (FROM RECEIPT OF YOUR SIGNED “ACCEPTANCE OF QUOTATION”). | | | |
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| FOR A DETAILED EXPLANATION OF HOW WE CARRY OUR CONSULTING SERVICES AND LEAD YOUR COPANY TOWARDS ISO 9001:2000 CERTIFICATION, PLEASE EITHER CONTACT OUR LOCAL OFFICE OR VISIT OUR WEBSITE WWW.LAKSHY.COM | | | |
| WE LOOK FORWARD TO HELPING YOU OBTAIN THIS IMPORTANT “QUALITY MANAGEMENT” CERTIFICATION AND WORKING IN PARTNERSHIP WITH YOUR ORGANISATION. | | | |
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| **PART ONE - COMPANY DETAILS** | | | |
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| **COMPANY NAME:** |  | | |
| **COMPANY ADDRESS:** |  | | |
|  |  | | |
|  |  | | |
| **POSTCODE:** |  | | |
| **TEL NO:** |  | | |
| **WEB SITE:** |  | | |
| **E-MAIL:** |  | | |
| **CONTACT NAME:** |  | | |
| **POSITION:** |  | | |
| **NAME OF CHIEF EXECUTIVE:** | |  | |
| **ADDRESSES OF OTHER OFFICES / MANUFACTURING PLANT** | | | |
| **SITE / OFFICE 1** | | |  |
| **SITE / OFFICE 2** | | |  |
| **SITE / OFFICE 3** | | |  |
| **ANNUAL TURN OVER IN MILLION RS./$** | | |  |
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| **YOU NEED QUOTE FOR (TICK AS APPLICABLE)** | | | |
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| **PART TWO - BUSINESS DETAILS** | | | | | | | | | |
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| **YOUR INDUSTRY:** | | | | | | | | | |
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| **BRIEF DISCRIPTION ABOUT ORGANIZATION: (Your business activities)** | | | | | | | | | |
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| **WHO ARE YOUR MAIN CUSTOMERS?** (e.g., Automotive Industry, Freight Forwarding, Engineering, Pharma etc.): | | | | | | | | | |
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| **WHICH ARE YOUR MAIN PROCESSES OR ACTIVITIES ( E.G. MARKETING, PURCHASE….ETC.) Please attach your process flow chart or brief description of how the processes are carried out.** | | | | | | | | | |
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| **PART THREE - DISPOSITION OF STAFF** | | | | | | | | | | | | |
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| **NUMBER OF EMPLOYEES:** | | | | | | | | | | | | |
|  | | TOTAL NUMBER OF FULL TIME EMPLOYEES | | | | | |  | | | | |
|  | | TOTAL NUMBER OF PART TIME OR CONTRACTED EMPLOYEES | | | | | |  | | | |  |
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| **SHIFT DETAILS:** | | | | (I.E., Split shift(s)/number of employees)**:** | | | | | | | | |
| **Shift No**. | | | | **Number of Employees** | | | | | | | | |
| GENERAL : | | | |  | | | | | | | | |
| I : | | | |  | | | | | | | | |
| II : | | | |  | | | | | | | | |
| III : | | | |  | | | | | | | | |
| **WEEKLY HOLIDAY :** | | | |  | | | | | | | | |
| **BRANCH DETAILS;** If any of your Regional or Branch offices are responsible for Quality System Management, Please | | | | | | | | | | | | |
|  | Provide complete address and number of employees at each location.(Use annex if required) | | | | | | | | | | | |
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| **TIME PERIOD REQUIRED FOR ACHIEVING CERTIFICATION** | | | | | | | | | | | | |
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| **Please mention time period within which consultancy and certification process should be completed.** | | | | | | | | | | | | |
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| **Time period ( Weeks)** | | | | |  | |  | | **Proposed start date of project** |  |  | |
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| **AUTHORISED SIGNATORY:** | | | | | |  | | | | | | |
| **POSITION:** | | | | | |  | | | | | | |
| **DATE:** | | | | | |  | | | | | | |
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