

APPLICATION FORM FOR ACCREDITATION UNDER SAS

[Back](#)

Application Type * :	<input checked="" type="radio"/> New <input type="radio"/> Renewal	Scope of Accreditation:	<input checked="" type="radio"/> SAS
Category of Accreditation * :			<input type="checkbox"/> CROP PRODUCTION <input type="checkbox"/> PROCESSING <input type="checkbox"/> HANDLING
CB Name/Organization Name * :		CB/Organization Head Name * :	
Contact Person Name * :		CB/Organization Head Designation * :	--Select--
Contact Person Mobile No. * :		Contact Person Email-Id * :	
Is your Registered or Operational Address same ? * :	<input checked="" type="radio"/> Yes <input type="radio"/> No	CB/Organization Address Type * :	<input type="radio"/> Owned <input checked="" type="radio"/> Lease/Rent
CB/Organization Registered office Address * :		Country * :	
State * :		District * :	
City * :		Pin Code * :	
Office Phone Number (landline) with STD Code * :		Fax No.:	
CB/Organization E-mail Id * :		Website Address * :	
Legal status * :	--Select--	Year of Establishment * :	Select Year
Date of establishing the certification Program * :		GST No. * :	
Do you have a quality management system based on ISO 17065? * :			<input checked="" type="radio"/> Yes <input type="radio"/> No

LIST OF SUPPORTING DOCUMENTS REQUIRED TO UPLOAD

S. NO.	REQUIRED DOCUMENTS
1	REGISTRATION CERTIFICATE INDICATING ITS LEGAL STATUS WITH NEW NAME/ ADDRESS/ LEGAL STATUS AS APPLICABLE.
2	MEMORANDUM OF ASSOCIATION/ TRUST/ GAZETTE NOTIFICATION ETC
3	ORGANIZATIONAL STRUCTURE - ORGANOGRAM NOTE : (PLEASE SPECIFY THE POSITIONS AS WELL AS COMMITTE INVOLVED IN CERTIFICATION PROGRAMME)
4	LIST OF MANPOWER ALONG WITH THEIR COMPETENCE STATUS,APPOINTMENTS, EXPERIENCE, QUALIFICATIONS, EXPERIENCE IN AUDITING AND TRAININGS ETC
5	QUALITY DOCUMENTS (if available)
6	QUALITY DOCUMENTS - TEMPLATES:
7	DETAILS ON THE FINANCIAL STATUS OF YOUR ORGANIZATION (PLEASE ATTACH THE ANNUAL REPORT INDICATING PERFORMANCE/TURNOVER AND COPY OF THE LATEST BALANCE SHEET COPY)

8	PROPOSED TARIFF STRUCTURE FOR CERTIFICATION
9	LOGO OF YOUR ORGANIZATION (IN COLOUR)
10	AUTHORITY LETTER FROM ORGANIZATION FOR TWO OFFICIALS AS SIGNING AUTHORITY ALONG WITH SPECIMEN SIGNATURE IN BLANK DOCUMENT FOR ISSUANCE OF CERTIFICATES
11	ANY OTHER RELEVANT INFORMATION