



GAB ACCREDITATION Application form



Accreditation of Management System Certification Bodies

Application Date:

Scheme: QMS/EMS/Others

1.	Name of the Conformity Assessment Body - (CAB)			
2.	a) Address of Head Office			
	b) Registered Office, if different from HO			
	c) Operational office, if it is different from above			
3.	Other Branch Offices	(Please fill up Annex-1, list each office in relation to Management System Certification activities)		
4.	Mailing Address (Write if different from HO)			
5.	Legal Entity Status	Nature of Registration of the Legal Entity		
		Is the CAB part of a larger Legal Entity? (If yes, list other activities of the larger legal entity)		
		Is CAB part of a larger Group If so, describe the relationship with the parent organization and other related bodies.		
6.	Name of the Head of the Applicant Body	Name:		
		Designation:		
		Phone No.:	Mobile No.:	
		Fax No.:	Web:	
		Email:		
7.	Name of Contact Persons	Contact 1	Name, Designation:	
			Mobile No.:	Email.:
		Contact 2	Name, Designation:	
			Mobile No.:	Email.:

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8.	Any other GAB Accreditation held				
9.	Accreditation by any other body	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Please use separate sheet as Annex, if required				
	Accreditation Body Name	Accreditation Scheme	Accreditation Scope		
	Accreditation No. (if any)				
10.	Scope(s) of Accreditation Applied for (Refer Annex 1 of Accreditation Procedure for Management System Certification Bodies) (attach separate list as Annex if required)				
S.no.	ISO 9001	Scope	Sector	Critical	Witness Group
S.no.	ISO 14001	Scope	Sector	Critical	Witness Group
Activities under other Management System Programme/ Programme(s) applied for					
a. Geographical Spread of the Management System Certification locations for certification activities;					
b. List Other Accreditations related to Management System Certification activities, with validity details. (Attach another sheet enlisting all details, if needed)					

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11.	Number of auditors and Other Staff , add separate sheet for more locations.			
		Head Office	Location 1 -	Location 2 -
	Full-time auditors			
	Contracted auditors			
	Technical Experts			
	Administrative Staff			
	Technical Reviewer			
	Total			
12.	Other Activities besides Management System Certification (Attach separate list as Annex if required)			
13.	Related Bodies, if any (Please name the Related Bodies and describe their activities. Attach separate list if required).			
14.	Liability Insurance/ Arrangements by CAB			
15.	Financial Details (for last 3 FY)	Income	Expenditure	Profit/ Loss
	FY-1			
	FY-2			
	FY-3			

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16.	Confirmation of meeting Minimum Eligibility Requirements for accreditation	a. Has operated the management system certification process for at least six months as a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since:
		b. Has completed one Internal Audit against the applicable criteria of applicable Accreditation standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		c. Has completed one Management Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		d. Has completed two Certification for each management system certifications applied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		<ul style="list-style-type: none"> Provide the list of names of certified clients including the scope of certification for each of the management system certification 	Annex #:	
17.	List of enclosures			
	1. Application fee			
	2. Cross-reference Matrix for MSC (duly filled)			
	3. Quality Manual, Procedures and other documentation (soft copy)			
	4. Legal Status document (scanned copies)			
	5. Sample/ Template of the Certificate, if any			

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6. Sample of the Certification agreements with the client for the applied standards (if issued, else the template).	
7. Sample of the Mark of the applicant and Proof of its Ownership rights.	
8. List of the total no. of personnel and no. of personnel per applied scope/ sector for - auditors (full time, contract, experts), reviewer, programme administrators, location-wise with their specialization against the scopes applied for	
9. List of the Certified organizations against each scope and sector	
10. Description of the Liability insurance held (attach scanned copy)	
11. Letter of authorization from management to act on behalf of the CB as authorized signatory	
12. Others (Attach separate list as Annex, elsewhere specified in the application, and Separate Annexes for each certification Programme)	

I/We, on behalf of _____ apply for accreditation against the scopes specified in column 10, and declare that

1. The information given in this application is true.
2. The accreditation criteria and accreditation procedures have been read & understood.
3. The applicant body has adequate resources to conduct certification in accordance with the accreditation criteria and other guidance documents.
4. The applicant body will pay the fee as per the applicable fee schedule.
5. If any information given by the applicant body is wrong or the applicant body is found to be not complying to the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of the GAB.
6. The applicant body agrees to provide access to all the information relevant to the Management System Certification system (including details of other accreditation programmes, complaints, disputes and appeals) for which accreditation is sought.
7. This applies to all premises where the conformity assessment services take place.
8. The applicant body shall inform GAB, without delay of significant changes relevant to its application/ accreditation, in any aspect of its status or operation relating to
 - i. Its legal, commercial, ownership or organizational status,
 - ii. The organization, top management and key personnel,
 - iii. Main policies,
 - iv. Resources and premises,
 - v. Scope of accreditation, and
 - vi. Other such matters that may affect the ability of the applicant body to fulfil requirements for accreditation.
9. The applicant body, from the date of signing of this application,
 - i. Shall continually comply with the accreditation criteria and the rules of GAB including adapting to the changes in the requirements for accreditation.

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- ii. Shall ensure that none of the acts of omission or commission of the applicant body will bring the accreditation and certification system to disrepute.
- iii. Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation.
- iv. Shall provide access to those documents that provide insight into the level of independence and impartiality of the applicant from its related bodies, where applicable
- v. Shall arrange the witnessing of the services when requested by the accreditation body
- vi. Shall claim accreditation only with respect to the scope for which it has been granted accreditation,
- vii. Shall not use accreditation in such a manner as to bring the GAB into disrepute,
- viii. Shall pay fees as determined by the accreditation body,
- ix. Shall take appropriate corrective and preventive action on its conduct and issues that are identified by the GAB as contrary to its terms and conditions.

Signatures of Authorized Signatory

Signature:		
Name:	1.	2.
Designation:		
Date:		
Place:		
(Stamp of Legal Entity of CAB)		



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DETAILS OF THE BRANCH OFFICES

(Please refer item 3 of the application)

List all office locations of CAB and indicate where activities* for the Management System Certifications are conducted.

Include the activities that take place in each office, such as- policy formation, process and/or procedure development and, as appropriate, contract review, planning and executing Certification activities, review, approval and decision on results of Certification activities.

1. BRANCH OFFICES:				
Location	Address/contact details	Activities performed	Resources- Auditors/ Reviewers/ Certification Programme Administrator	No. of Certificates issued under this branch
1.				
2.				
2. SUBCONTRACTORS/ FRANCHISEES, if any				
Name	Address/contact details	Activities performed	Resources- Auditors/ Reviewers/ Certification Programme Administrator	No. of Certificates issued under this branch
1.				
2.				
3. ANY OTHER BUSINESS ASSOCIATES (MARKETING OR ANY OTHER PURPOSE)				
Name	Address/contact details	Activities performed	Resources- Auditors/ Reviewers/ Certification Programme Administrator	No. of Certificates issued under this branch
1.				
2.				

I/We, on behalf of [Legal Name of the CAB] declare that the above information provided in the Declaration of Offices are true.

Signed by:		Date:
		Place:
Authorised Signatory of Applicant CAB	Stamp of CAB	



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LIST OF ANNEXES

(As referred within Application)

(This is in addition to “Item 18 List of Enclosures”)

Eg: Other Accredited Management System Certification details, auditor location matrix, liability insurance/arrangements, financials, etc.