



# AIIMS Global Certification Services

## 1. Application Standard

<input checked="" type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> OHS 18001	ISO 22000
<input type="checkbox"/> Other :			

## 2. Organization Information

Name of organization : <b>Please Enter your org Name with correct spelling</b>			
Address of site: <b>Address which would appear on certificate</b>			
Contact		Dept./ Position	
QC Representative		Size of Site	
Audit date of your wish		Number of employees	
Tel		Fax	
Web-page		E-Mail	

## 3. If you have separate site

Address			
Contact		Dept./ Position	
Tel		Fax	

## 4. Scope of Certification Audit(It will be fixed on document audit)

Scope : Eg : <b>Providing Dental Services</b>	Design responsibility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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We apply certification as above and agree to the certification procedure related all AIIMS regulation and payment.

Date:

Applicant : (Signature)

