## ANNEXURE 1: APPLICATION FORM

**Application form**

 **for**

**ACCREDITATION SCHEME FOR**

**EHS CONSULTANT ORGANISATION**

**Name of the Consultant Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**--------------------------------------------------------------------------**

**Scope EHS CO**

**Application Submitted to**

**National Accreditation Board for Education and Training**

**Quality Council of India**

Institute of Town Planners India, 6th Floor
4 A, Mahatma Gandhi Road (Ring Road)
New Delhi - 110 002, India

Tel +91 11 23323416 – 20, Fax +91 11 23323415

**General Instructions**

* **All columns of application form must be filled up in legible handwriting, typed or printed.**
* **Copies of all the relevant documents should be sent with the application**

**A. General information about the Consultant Organisation**

1. Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pin Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No. with STD Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Year of Establishment -

4. Name of the Head of the Institution -

Photo of authorized Person

5. Contact person -

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Year of CO Establishment

6.1 Details of consultancy provided in EHS and related field (s) -

1. Total No. of EHS consultancy provided so far
2. Detailed break up (Year wise and scope wise) as per table below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Areas in which consultancy provided** | **Year** | **Duration** | **Remark** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Other services provided by EHS CO (if any)

**B. Details of EHS CO’s Governance and affiliation**

8. Status of EHS / Organization/ Company Government

 Society Pvt

 Trust Other

9. Is the Applicant Organization is legally identifiable institute/organisation? YES/NO

10. Year of Registration \_\_\_\_\_\_\_\_\_\_\_ Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Name & official address of the Registrar/ Director/ Owner/ President/Chairman/Trustees/Partners of the applicant Organization

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. with STD Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: Attach Registration Certificate as Enclosure -1)**

12. Is the CO Affiliated / registered with any Regulatory Body? ---------------------

12.1 If YES, please mention the following:

a). Name of the Body (s) with which affiliated: ----------------------------

b). Affiliation No. and validity: ----------------------

c). Year of affiliation: -----------------------

 **(Note: Attach affiliation certificate as Enclosure-2)**

12.2 Organization structure (with details of locations/ associates etc.) (**as Enclosure-3)**

**C. Details of Infrastructural & other Facilities**

13. **Infrastructure Details -**

a. Physical Facilities (Rooms, Library, Laboratories, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Item** | **Number of Rooms** | **Approx. Area ( in sq. mts)** |
|  | Office setup, meeting room(s) |  |  |
|  | Library\*  |  |  |
|  | Other Rooms/ Hall  |  |  |

**\*Attach photographs/video from different angles covering the facilities** (**As enclosure 4**)

\*\*Provide the details of your lab or details of associated lab (if applicable)

1. Other Facilities:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Facilities\*** | **Available (Yes/No)** | **Nos.** |
| 1 | Audio-Video facilities available in the Institution – LCD/ /Computers/ Projector/ Speakers etc.  |  |  |
| 2 | Photocopiers/printers etc. |  |  |

**\*Attach photographs from different angles (Enclosure 5)**

14. **Consultancy Facilities –**

14.1 Summary of personnel involved in EHS consulting services –

1. In house Experts –
2. Empanelled/ Visiting Experts –
3. Administrative staff -

**(Note: Attach list of proposed experts with their CV as per format IV in application)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **IH/****Emp.** | **Educational****Qualification** | **Training Certificates, if any** | **Consultancy experience****(Years** | **EHS Experience** **(Years** | **Industry Experience****(Years)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

***Kindly ensure that the proposed experts meets the qualification and experience requirements as prescribed in the Appendix 1 of the Scheme.***

15. Do the Consultant Organization comply with regulatory norms for labour, health and sanitary conditions, drinking water and fire safety? YES/NO

 (Pl attach relevant documents – **Enclosure 6**)

**D. Other Relevant Information**

16. Does the CO receive any grant from Govt. of India / State Government / Union Territory or any other source?

(Attach – Enclosure -7: Details of grants received in last 3 years;

 Enclosure 8: Summary of Audited financial reports of last 3 years)

17 Have you developed a Quality Manual meeting the requirements CQAS of the Scheme as mentioned in Appendix 2) Yes/ No

(Attach Consultancy Quality Assurance System (CQAS), Institution Brochure and Associated Documents as Enclosure- 9 A, 9 B respectively.)

1. **Declaration**

I hereby declare the above information is true and correct as per my knowledge.

Authorised Signatory

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place:

19. Please find enclosed the Demand Draft/ Cheque (Delhi only) no……………………. for Rs………………………….. dated ………………. drawn on……………….in **favour of Quality Council of India,** payable at New Delhi towards the application fees **(Enclosure 10)**

**List of Enclosures (to check) Enclosed**

1. Registration Certificate of Trust/ Society Y/ N

2. Copy of Affiliation Certificate Y/ N

3. Organization chart Y/ N

4. Consultancy promotional material developed Y/N

5. List and resumes of experts/staff (indicating qualification &Experience) Y/ N

6. Admin. Support Staff (indicating qualification and Experience) Y / N

7. Details of Grants received in last 3 years, if any Y/ N

8. Summary of Audited Financial Reports of last 3 years Y/ N

9. Consultancy Quality Assurance System, Institution Brochure and Associated Documents Y/ N

10. Application Fee (as applicable) Y/N

11. Required Infrastructure Details Y/N