
	ASTRALEUS SERVICES PVT. LTD.	Format No.	ASPL-F-01
		Rev. No.	01
	APPLICATION FORM	Date	10.03.2025

Date of Application							
Name of the Company							
Address							
Website, Email and Phone number							
No of Sites							
Site 1 Address (For more site attach separate Sheet)							
Contact Person Name and Designation							
Legal Status		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>					
Statutory and Regulatory Requirement							
Accreditation Required		NABCB <input type="checkbox"/>					
Certification Scheme		ISO 9001:2015 <input type="checkbox"/> ISO 13485:2016 <input type="checkbox"/>					
Scope of Certification							
Exclusion if any		Clause	Justification				
Outsourced Process, If any							
No. of Employees	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Any Other Workers
	At Organization						
	At Site						
	TOTAL						
Certification Program Required		Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>		
Is Already Certified for any Standard		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:					
Applicable for MD-QMS Only		Details of the Product Categories and Out Sourced Process (If Any):					
Is Consultants Involved		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:					
Key Business Process Involved							
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.							
Name		Designation		Signature			
FOR ASTRALEUS SERVICES PRIVATE LIMITED							
USE ONLY: -							
Does accreditation request is available with the ASPL					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does territory of the application is in active list?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does Scope demand is available with the ASPL					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
REVIEWED BY:				DATE:	<input type="checkbox"/>		
Can the application be further processed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Comment: (if Any)

*Delete or Leave whichever is not applicable