





1	Date of Application							
2	Name of the Company							
3	Address							
4	Website, Email and Phone number							
5	No of Sites							
6	Site 1 Address (For more site attach separate Sheet)							
7	Contact Person Name and Designation							
8	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"/>					
9	Statutory and Regulatory Requirement							
10	Accreditation Required		NABCB <input type="checkbox"/>					
11	Certification Scheme		ISO 9001:2015 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 13485:2016 <input type="checkbox"/> ISO22000 <input type="checkbox"/> <input type="checkbox"/> any other Management System .....					
12	Applicant seeking certification scope.							
13	Exclusion if any		Clause			Justification		
14	Outsourced Process, If any							
15	No. of Employees	Location	Number of Shifts*	Full Time	Part time	Performing Same type of Job	Temporay Unskilled workers	Any Other Workers
		At office (If applicable)						
		At Manufacturing site (If applicable)						
		<b>TOTAL</b>						
16	Certification Program Required	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>			

	<b>ASTRALEUS SERVICES PVT. LTD.</b>	<b>Format No.</b>	ASPL-F-01
		<b>Rev. No.</b>	02
	<b>APPLICATION FORM</b>	<b>Date</b>	10.03.2026

17	Is Already Certified for any Standard	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:			
18	Details of the Product Categories and Out Sourced Process {If Any}:				
19	Is Consultants Involved	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:			
20	Key Business Process Involved (Main Process Steps or Operations)				
21	Number of HACCP (For FSMS only)				
22	Is there any season or time when the company's operations are temporarily closed or not in process? If yes, please specify the period and reason.				
23	Please specify any confidential areas, documents, or information that cannot be disclosed during the audit. ASPL will assess feasibility of certification based on this.				
<b>Applicable for OS&amp;HS</b>					
24	<b>Are any hazards, dangerous processes, or hazardous materials used in your operations?</b>				
25	<b>Are there any applicable legal and regulatory obligations/legislation governing the use, storage, handling, or disposal of such Hazardious materials or processes?</b>				
<b>Applicable for Energy Management system</b>					
26	<b>No of Energy Types</b>				
27	<b>Annual energy consumption (TJ)</b>				
28	<b>Number of significant energy uses (SEUs)</b>				

**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.

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Name and Designation of Authorized person of Applicant

Signature with Stamp

FOR ASPL OFFICIAL USE ONLY	
Can the Application Proceed for Application Review:	
Name of Application reviewer: -	Signature with Date

Note:- Delete or leave whichever is not applicable