

Date     /     /    

Please complete and return this questionnaire to enable MQM SERVICES PVT. LTD., to accurately prepare a quotation for your organization. If additional information is required, then MQM will contact you before sending a quote.

Name of Organization	
Physical address	
Contact Person:	
Designation:	
Telephone no.:	Extn.:
Mobile no.:	
Email address:	
Certification Standard(s):	
<input type="checkbox"/> ISO 27001:2005	<input type="checkbox"/> ISO 9001:2015
<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> TMQ
<input type="checkbox"/> Other Standard	
<input type="checkbox"/> GMP	<input type="checkbox"/> ISO 13485:2012
<input type="checkbox"/> ISO 22000:2005	<input type="checkbox"/> HACCP
<input type="checkbox"/> ISO 45001:2018	<input type="checkbox"/> ISO/TS 16949
<input type="checkbox"/> FDA	<input type="checkbox"/> CE Marking
Do you design the product:	
Number of sites:	
Effective No. of Employee	To calculate the effective number of employees, subtract duplication due to shift work.
Scope of Certification:	
Significant aspect in processes/Pollutant	List of Process
Specific Statutory and legal requirement(s)	Layout of Plant/Office

Are the systems integrated	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you want a preliminary audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When	
Are you ready for audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When	
Are the systems implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long	
Did consultant help you to develop your	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who	
Are you certified by someone else	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who	

I have read, understood and agreed on the terms and conditions written on the back of this form.

Applicant Signature

Seal of Company

For MQM Office use only		Sample Procedure	Comments
	Resources reviewed		
	Resources adequate		
	Man days required		
	Quotation sent		

