	APPLICATION FORM FOR EXTENSION OF SCOPE OF ACCREDITATION UNDER NPOP	DOI :: 20-07-2017 Issue No : 01
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APPLICATION FORM FOR EXTENSION OF SCOPE OF ACCREDITATION UNDER NPOP

1. Name of the Certification Body :

2. Name of MD/CEO/Director :

3. Address :
 Phone No. :
 Fax No :
 E-mail :
 Website :

4. Legal Status :

- 5 Accreditation No. & Validity of Accreditation :

6. Scope of accreditation applied for :

7. Organizational structure and personnel
 (Please enclose the organizational chart, list of personnel involved in the inspection and certification of the scope applied for covering the qualification, experience, job description, documentary proof of the appointments, trainings and other related activities)


8. Policies and procedures for inspection and certification of the scope applied for
 (Submit the policies, procedures and formats for implementation of scope applied under NPOP)

9. Please indicate the proposed tariff structure for certification of the scope applied

10. Describe the present inspection and certification activities carried out by your organization.

11. Please enclose the following with the application form
 - Application Fee by demand draft (as per the accreditation fee structure on APEDA website) drawn in favour of APEDA, New Delhi
 - Any other additional information you wish to specify

Approved by : MR

 एपीडा APEDA	APPLICATION FORM FOR EXTENSION OF SCOPE OF ACCREDITATION UNDER NPOP	DOI :: 20-07-2017 Issue No : 01
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Declaration

All information stated above are correct to the best of my knowledge.

Name / Designation

Date/ Signature

*Incomplete application will not be processed

Approved by : MR