









NATURE SCIENCE FOUNDATION

(A Unique Research and Development Centre for Society Improvement) [ISO QMS (9001:2015), EMS (14001:2015), OHSMS (45001:2018) & EnMS (50001:2018) Certified and Ministry of MSME Registered Organization] No. 2669, LIG-II, Gandhi Managar, Peelamedu, Coimbatore - 641 004, Tamil Nadu, India. Website: www.nsfonline.org.in.

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QUESTIONNAIRE

FOR ISO CERTIFICATION ON QMS, EMS, EnMS, OHSMS, ISMS, FSMS, ISMS AND QMSMD TO EDUCATIONAL INSTITUTIONS AND INDUSTRIAL SECTORS

Reference Number	NSF/ISO 2022/Orgn.Name/ Dated:
Name of the Organization	
Registered Office address	
Address of the Organization / Unit to be certified	
Type of Organization	☐ Company ☐ Partnership ☐ Proprietorship ☐ Other
(MSME / SSI /	□ NGO □ Trust
Manufacturing /	
Marketing)	☐ MSME ☐ SSI ☐ Manufacturing ☐ Marketing ☐ Service
Category of Organization	□ MSME □ SSI □ Manufacturing □ Marketing □ Service
Nature of the Organization	☐ Educational Institution ☐ Company ☐ Private ☐ Government
<u> </u>	□ Public Sector
Contact Person for	a. Name
Communication	b. Position
	c. Phone
	d. Email

Types of ISO Certification	1. Quality Management System (QMS 9001:2015)	
Required	2. Environment Management System	
(Please select the	(EMS 14001:2015)	
preference)	3. Energy Management System (EnMS 50001:2018)	
	4. Occupational Health & Safety Management System	
	(OHSMS 45001:2018)	
	5. Food Safety Management System	
	(FSMS 22000:2018)	
	6. Information Security Management System (ISMS 27001:2013)	
	7. Quality Management System for Medical Devices	
	(QMSMD 13485:2016)	
	8. Educational Institutions Quality Management System	
	(EIQMS 21001:2018)	
	9. Green Audit Certification (IEC 17020:2012)	
	10. Accreditation Body Accreditation (IEC 17025:2012)	
Audit Report &	a. New Certification	
Certification	b. Surveillance Audit	
	c. Re-certification	
	d. Amendment of the certification – specify	
	e. Change in the system	
	f. Certification take-over	
Audit Report Preparation	a. Language of the audit	
& Certification	b. Language of the report	
	c. Required date of audit	
	d. System established from	
	e. Required form of certificate (Paper / Electronic)	
Details of Number of	a. Full time Employees working as on today	
Employees	b. Part time Employees working as on today	
	c. Number of "off local" employees (Salespersons,	
	Drivers, Security)	
	d. Organizational chart (separate sheet may be added)	
Details of	'	
activity/Products/process/		
Services		
Desired Scope of		
Certification		

Attachments Required	☐ Organization Chart	
	☐ Previous Certificate (for transfer only)	
	☐ Previous Audit report (for transfer only)	
	☐ Other Useful information, if any.	
Name of the Authorized Representative:		
Signature :		
Date:		