



# NATURE SCIENCE FOUNDATION

NSF/9.1.1/F/01		Pre-Certification Application			File No.	
Rev. No.	00	Rev. Date	02.01.2025	Version 1.0	Version Date	02.01.2025

1. **Organization Name:** \_\_\_\_\_

2. **Legal Status:**

(e.g., Private Ltd., Public Ltd., Partnership, Government, Non-Profit)

3. **Registered Address:** \_\_\_\_\_

4. **Operational Address (if different):** \_\_\_\_\_

5. **Website (if applicable):** \_\_\_\_\_

6. **Primary Contact Person:**

oName: \_\_\_\_\_

oDesignation: \_\_\_\_\_

oEmail: \_\_\_\_\_

oPhone: \_\_\_\_\_

7. **Business Nature:**

(e.g., Manufacturing, IT, Healthcare, Construction)

8. **Products/Services Provided:** \_\_\_\_\_

9. **Number of Employees:**

oAt Main Site: \_\_\_\_\_

oAt Additional Sites (if applicable): \_\_\_\_\_

10. **Number of Locations Seeking Certification:** \_\_\_\_\_

11. **Operational Shifts (if applicable):**  Single  Multiple (Specify: \_\_\_\_\_)

12. **Standard(s) Requested for Certification:**

•  ISO 9001 (Quality Management System)

•  ISO 21001 (Educational Organization Management System)

•  Other: \_\_\_\_\_

13. **Scope of Certification (Detailed Description of Products/Services):**

14. Is this a Multi-Site Certification?  Yes  No

15. If Yes, List All Site Addresses:

- Site 1: \_\_\_\_\_
- Site 2: \_\_\_\_\_
- Site 3: \_\_\_\_\_

16. Current Implementation Status:

- Newly Implemented
- Existing System
- Previously Certified (Provide details below)

17. Previous Certification (if any):

- Certification Body: \_\_\_\_\_
- Standard: \_\_\_\_\_
- Certificate Valid Until: [DD/MM/YYYY]

18. Has an Internal Audit Been Conducted?  Yes  No

19. Has a Management Review Been Conducted?  Yes  No

20. Is There a Documented Management System?  Yes  No

21. Does the Organization Have Key Processes Defined?  Yes  No

22. Applicable Legal and Regulatory Requirements:

- Is the organization compliant with all applicable laws and regulations?  Yes  
 No
- If No, provide details: \_\_\_\_\_

23. Does the Organization Hold Any Mandatory Permits/Licenses?  Yes  No

- If Yes, list them: \_\_\_\_\_

24. Are There Any Ongoing or Past Legal Issues Related to the Certification Scope?  Yes  No

- If Yes, provide details: \_\_\_\_\_

25. Are There Any Outsourced Processes That Affect Conformance?  Yes  No

- If Yes, specify: \_\_\_\_\_

26. Preferred Audit Date Range: [DD/MM/YYYY] – [DD/MM/YYYY]

27. Preferred Audit Language: \_\_\_\_\_

28. Preferred Mode of Audit (if applicable):

- On-site
- Remote
- Hybrid (Combination of both)

29. Does the Organization Require Any Special Assistance During the Audit?

Yes  No

- If Yes, specify: \_\_\_\_\_

30. Does the Organization Have Any Certified Suppliers?  Yes  No

- If Yes, list them: \_\_\_\_\_

31. Has the Organization Undergone Any Major Changes in the Past Year?  Yes

No

- If Yes, specify (e.g., ownership, scope, processes, location changes):  
\_\_\_\_\_

32. Does the Organization has any consultation services in the Certification Process?

Yes  No, If yes mention the name of Consultancy

## DECLARATION

I, the undersigned, hereby declare that the information provided in this application is accurate and complete. I acknowledge that submission of this application does not guarantee certification and that an audit will be conducted to verify compliance. I agree to abide by the terms and conditions set by the Certification Body.

**Authorized Signatory:**

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## CERTIFICATION BODY USE ONLY

1. Application Received By: \_\_\_\_\_

2. Date of Receipt:

3. Application Reviewed By: \_\_\_\_\_

4. Review Date:

Criteria	Yes / No	Remarks (If No)
Application Form Fully Completed		
Scope Clearly Defined		
Legal and Regulatory Compliance Declared		
Organization's Readiness for Certification Confirmed		
Supporting Documents Provided (Process Flow, Org Chart, etc.)		

5. Complexity of Scope (Low/Medium/High):

6. Regulatory Risks Identified:

Yes (Specify): \_\_\_\_\_

No

7. Potential Conflict of Interest Identified:

Yes (Specify): \_\_\_\_\_

No

8. CB Accreditation Scope Covers Requested Certification?

Yes

No (Specify action needed): \_\_\_\_\_

9. Whether competent personnel available to perform this work

Yes

No

10. Decision on Application:  Accepted  Rejected

Reason:

Remarks: \_\_\_\_\_

Prepared by	Checked by	Approved by
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