

💝 নর্না শী শার্ম র্ক্র্র শেমণা



The Head, Bhutan Standards Bureau, Thimphu, Bhutan.

Sir/Madam,

I/We, (*Name of the person or the organization in full*) -----have been engaged in the business in the address as below and I/We are applying for management system certification in conformity to the Bhutan Standards and according to Bhutan Standards Act 2010 as described below:

1. Name of the firm

2. Scale

LargeGovernmentMediumSectorPrivateSmallCorporate

	3. Address	
Office		
Telephone		
Fax		
Email		
Website		

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💝 দের্যা শী শার্ষ র্ক্র পের্যা দের্না



	Address	
Factory (for manufactu	ırers)	
Telephone		
Fax		
Email		

4. TOP MANAGEMENT

SI.No	Name	Designation	



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5. TECHNICAL MANAGEMENT

Sl.no	Name	Designation

Contact persons	Name	Contact number	Email Id
(email and			
contact numbers)			

6. SCOPE OF MANAGEMENT SYSTEM CERTIFICATION

	Category	(tick appropriate c	ategory)		
Product		Process		Service	
Scope (use separate sheet if required)					
Standard for which certification is sought					

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Installed Capacity (per annum) if applicable	Units of production	Quantity	Value (Nu)
Legal Obligations	fany		
Foreign collaborati	on if any		

Outsourced processes if any	
Consultancy services for the management system to be certified (if any)	
Name and complete address of the consultancy	
firm if consultancy services are availed.	
Number of shifts	
Total number of employees	
(Consists of all full time personnel involved within the scope	
of certification including those working on each shift. Temporary and contracted personnel and part time	
personnel who will be present at the time of the audit shall	
also be included in this number.	

7. Documentation

The following additional documents are required to be submitted with the application:

- a) Valid trade license issued by the Department of Trade
- b) Trade mark registration issued by the Ministry of Economic Affairs
- c) List of manufacturing equipment (for product and process)



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- d) List of testing equipment (for product and process)
- e) Calibration certificates establishing adequacy of metrological capability of the test and measuring equipment
- f) A flowchart indicating the sequence of operations
- g) Organization layout.
- h) List of human resources (regular, temporary, contracts) with names and designations.

Note:

1. The Stage 1 audit (documentary review) will be conducted either on-site or off-site. The client organization will be intimated before this takes place.

2. Stage 2 audit will be conducted after satisfactory completion of the stage 1 Audit. The client organization will be intimated before this takes place along with the audit plan.

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3. Surveillance audit will take place at least once a year and surprise visits will be carried out by BSB at its own discretion.

Declaration:

I/we hereby declare that the information furnished above is true and complete. I understand that any false or inaccurate information shall render my application invalid, or shall result in cancellation of Certification if it is already granted.

Signature:				

Name: _____

Seal of Firm

Designation: _____

Date of Application: _____

The Application must be signed by the CEO of the firm or authorized representative in his absence

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