

ৰ্ভ ওপ্ৰথান্দ্ৰী আৰু জাৰু হৈ প্ৰথান্দৰ প্ৰ



To, The Director General, Bhutan Standards Bureau, Thimphu, Bhutan.

Dear Sir,

Standards Act 2010 as described below:

Name of the firm				
Scale	Large Medium Small	 Sector	Public Private	
Office		Address		
Tele				
Fax				
Email				
Website				

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ISO 90

BHUTAN STANDARDS BUREAU MANAGEMENT SYSTEM CERTIFICATION SCHEME RENEWAL APPLICATION FORM

	Address	
Factory (For manufacturers)		
Tel		
Fax		
Email		

TOP MANAGEMENT

Sl.no	Name	Designation	

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প্রিমান্দ্রী মাধুর্ম ক্র্বি পের্মাদেশ।



TECHNICAL MANAGEMENT

Sl.no	Name	Designation

Contact	Name	Contact Number	Email Id
email and			
contact numbers)			

SCOPE OF MANAGEMENT SYSTEM CERTIFICATION

Category (tick your appropriate category)					
Product		Process		Service	
Scope					
Management sys for which certific					

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	Units of Production	Quantity	Value (Nu.)
Installed Capacity (Per annum)			
if applicable			
Legal Obligations if a	iny		
Foreign collaboration	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.	

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

- a) Trade license issued by the local authority
- b) Premises license (for food processing unit)
- c) Trade mark registration issued by the Ministry of Economic Affairs
- d) List of manufacturing equipment (for product and process)
- e) List of testing equipment (for product and process)
- f) Calibration certificates establishing adequacy of metrological capability of the test and measuring equipment
- g) Details of human resources with their relevant functions

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h) Details of technical resources (for service)

i) Copy of last certificate issued by BSB

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.

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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