



CERTIFICATION APPLICATION

DCN: F080-1
 Revision Number: 02
 Issue Date: January 1, 2025
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APPLICATION FORM

Application Type	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Scope Extension	<input type="checkbox"/> Transfer		
Status of Accreditation	<input type="checkbox"/> Accredited		<input type="checkbox"/> Non-Accredited			
Name of AB	Choose an item.					
Applicant legal Status	<input type="checkbox"/> Pvt Ltd	<input type="checkbox"/> Firm	<input type="checkbox"/> LLP	<input type="checkbox"/> Sole	<input type="checkbox"/> Limited	<input type="checkbox"/> Others

Name of Standard: ISO 9001 ISO 14001 ISO 45001 ISO 22000 ISO 13485
 PS 3733 Other please Specify:

Note: Please fill the below mentioned Sections as per check box.

GENERAL INFORMATION

A1. Applicant/Client information

Company Name			
Company Registration Number		Company NTN	
Office Address			
Site 1			
State/Province		Country	
Website URL		Postal Code	

A2. Management Representative

Contact Person		Designation	
Mobile		Email	

A3. Details of Manufacturer of Product(s) for Certification

Business Activities (write the detail about products and services you provide)	
SCOPE (Please note that this description will be the Certification scope shown on the certificate after approval by Gitchia)	

A4. Process Name/Details

Outsourced Process if any	
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A5. Please specify the number of personnel department wise (required for All standards) *mandatory

Dept →						
Number of Employees						



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Dept →						
Number of Employees						
Subcontracted			Total			
A6. Work Pattern/Shifts						
Shift	No. of Employee			Shift	No. of Employee	
Shift 1				Shift 2		
Consultant Details (If used)						

Do you have already any certifications? If yes please below table			
MANAGEMENT SYSTEM CERTIFICATES HELD			
Name of the certification body	Standard	Certificate No.	Expiry date

A.7 TRANSFER OF CERTIFICATION: (ONLY APPLICABLE FOR TRANSFER OF CERTIFICATION)	
Current certification body	
Accreditation Body	
Transfer planned with current certification cycle <input type="checkbox"/>	Transfer planned at recertification <input type="checkbox"/>
Recertification date	
Reasons for transfer	
Note: for transfer, please provide certificate and audit reports from previous audits (including non-conformances) with previous certification body.	

Systems integration (if more than one standard is an audit criterion)	
INTEGRATION CRITERIA	YES/NO
Documentation, including work instructions, integrated for all standards.	
Management review including overall business strategy.	
An integrated approach to internal audits.	
An integrated approach to policy and objectives.	
An integrated approach to systems processes.	
An integrated approach to improvement mechanisms (corrective action and prevention; measurement and continuous improvement).	
Integrated management support and accountability.	



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SECTION A

ISO 22000 and PS 3733

Product & Process Details (Use Extra Sheet if necessary)

Product Categories			
Number of Products			
All Brand Names	(If more than one Brand Name, mention each of the same separated by a comma)		
Incoming Materials/Ingredient list: (applicant may provide in extra sheet annex)			
Scope:			
Are there any subcontracted processes including packaging?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, specify the details			
Does the site handle imported goods? If yes, provide the list as a annexure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

The number and type of HACCP/Halal study
 A HACCP/Halal study corresponds to a hazard analysis for a family of products/services with similar hazards and similar production technology and, where relevant, similar storage technology. Example: if a factory is producing liquid food (pasteurized and packed aseptic) and solid food (other process type), the factory has two studies. Another example is production of two not-related products (e.g. bread and Yeast).

Number of Halal Studies

Study 1	
Study 2	
Study 3	
Study 4	
Study 5	

Hazard Analysis and Critical Control Point Aspects (CCP's) & Prerequisite Programme (PRP's) (Please list the principal HFMS / HCP'S aspects/hazards/risks of your activities)	1	
	2	
	3	
	4	
	5	
Consents, Licenses, Permits, Authorizations, Agreements, Codes of Practice etc. (Please List)	1	
	2	
	3	
	4	

If any site-specific clearance is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify the details		
Issues related to FSMS		

Below is the category for your information, please select that is applicable to your business

<input type="checkbox"/> A I: Keeping animals for meat, milk, eggs and honey* <input type="checkbox"/> A II: breeding of fish and shellfish* <input type="checkbox"/> B I: Growing of plants (other than grains and pulses) <input type="checkbox"/> B II: Growing of grains and pulses* <input type="checkbox"/> C I: Processing of perishable animal products <input type="checkbox"/> C II: Processing of perishable vegetable products <input type="checkbox"/> C III: Processing of perishable animal and plant products (mixed products) <input type="checkbox"/> C IV: Processing of stable environment products	<input type="checkbox"/> F I: Retail trade/wholesale* <input type="checkbox"/> F II: Food mediation/trade* <input type="checkbox"/> GI: Transportation and storage services for perishable food products and animal feeds <input type="checkbox"/> G II: Transportation and storage services for stable environment food products and animal feeds <input type="checkbox"/> H: Services* <input type="checkbox"/> I: Production of food packaging and packaging materials <input type="checkbox"/> J: Manufacture of equipment*
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<input type="checkbox"/> D I: Production of animal feeds* <input type="checkbox"/> D II: Production of pet feeds* <input type="checkbox"/> E: Catering*	<input type="checkbox"/> K: Production of (bio)chemicals
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SECTION B	
ISO 9001	
Scope	
Any Exclusions to ISO 9001	
Product/Process	

INFORMATION ON THE ENVIRONMENTAL MANAGEMENT SYSTEM ACCORDING TO ISO 14001		
Processes, products and services that give rise to significant environmental aspects	Significant environmental aspects	Environmental decisions/permits

INFORMATION ON THE HEALTH AND SAFETY MANAGEMENT SYSTEM ACCORDING TO ISO 45001	
Key hazards and risks for OSH:	
Key hazardous materials:	
Legal obligations relating to health and safety:	
No. of Staff working outside the Organization's premises:	
Staff present during the so-called "peak season" (only applies to seasonal activities)	



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SECTION C

ISO 13485

Site name and address	
Site activities	<input type="checkbox"/> Management / regulatory affairs <input type="checkbox"/> Design and development <input type="checkbox"/> Manufacture: <input type="checkbox"/> finished device <input type="checkbox"/> components <input type="checkbox"/> sterilization <input type="checkbox"/> process other than sterilization <input type="checkbox"/> packaging/labelling <input type="checkbox"/> storage/warehouse/delivery <input type="checkbox"/> installation <input type="checkbox"/> servicing <input type="checkbox"/> inspection/testing <input type="checkbox"/> final release <input type="checkbox"/> no manufacturing activity at this site <input type="checkbox"/> Purchasing <input type="checkbox"/> other: [specify]
Main Technical Area	
Technical Area	
Medical Devices Risk Classes	Choose an item.
Process involved	
Service of	
Design and development of	
Distribution of	
Manufacturing of	
Is organization already certified against any regulatory scheme	
Applicable legal requirements	
Proposed scope: The scope as proposed by customer can be changed based on audit results and the assessment of the certification body.	
OUTSOURCED PROCESSES	
Outsourced Process	
Service Provider Name & Location	
Provider Certifications (e.g., ISO 13485)	



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Other (please specify)		
Information About the Product/Service	Yes	No
Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling)	<input type="checkbox"/>	<input type="checkbox"/>
Is the product intended to be a component/part of a medical device?	<input type="checkbox"/>	<input type="checkbox"/>
Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the product supplied sterile?	<input type="checkbox"/>	<input type="checkbox"/>
Does the product contain software developed by the client organization or a supplier	<input type="checkbox"/>	<input type="checkbox"/>
Is “Design and Development” in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D

For Multisite only

Multi-site organization?	Do you have more than one site that you want to include under certification scope: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please answer to the below questions and list additional sites
Do you have a single management system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified your central function*, which shall not be outsourced and which has authority to define, establish and maintain a single management system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your management system subject to a centralized management review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all sites subject to the organization’s internal audit program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your central function able to demonstrate its authority and ability to initiate organizational change as required in regard to: system documentation and system changes; management review; complaints; corrective actions; internal audit planning and evaluation of results; statutory and regulatory requirements pertaining to the applicable standard(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Additional Sites:

(applicable if you are a multi-site organization and want to include other sites under certification scope)

Site(s)	Address	Function/Activities	#of shifts	#of employees

SECTION F

Declaration Regarding Previous Audits and Non-Conformities (For Halal certification)

Note: This section shall be completed only if the applicant was previously Halal-certified by another certification body or by Gitchia, or if the applicant’s previous application for Halal certification was rejected by any certification body or by Gitchia.

I hereby declare that:

All non-conformities identified during any previous audits conducted by Gitchia or by any other certification body have been completely removed, and all corresponding corrective actions have been fully implemented.

If any previous application for Halal certification was unsuccessful, full details of that application including, where applicable, the **reason for application rejection**, and/or **details of non-conformities and reasons for non-certification**, have been fully disclosed to **Gitchia together** with this application.

Name of Authorized Representative:		Signature:	
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SECTION G

DECLARATION

This section is Mandatory for all clients

I, hereby, declare that all information and/or statement given in this Application are correct to my knowledge and agree to supply all other information required Gitchia Institute of Global Certification (Private) Limited should I decided to proceed with application

An authorized representative of the applicant shall fill-up this section	Signature		Applicant’s stamp:
	Name		
	Designation		
	Date	Click or tap to enter a date.	



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Note: we would like to inform you that the application does not constitute an order for the provision of services - the condition for the provision of services is the signing of a contract. The information contained in the application is treated as confidential.