



ICMS CERTIFICATIONS

Application /Request for Quotation

Please complete this questionnaire and forward it to ICMS Certifications who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

1. ORGANIZATION DETAILS

Name of Organization	
Nature of Business:	
Address	
Contact Person:	
Designation:	
Mobile No.:	
E-mail ID:	
Website:	

2. CERTIFICATION REQUIRED

Accreditation Required	
<input type="checkbox"/> ISO 9001:2015 – Quality Management System	
<input type="checkbox"/> ISO 14001:2015 – Environmental Management System	
<input type="checkbox"/> ISO 45001:2018 – Occupational Health & Safety Management System	
<input type="checkbox"/> ISO/IEC 27001:2022 – Information Security Management System	
<input type="checkbox"/> ISO 22000:2018 – Food Safety Management System	
<input type="checkbox"/> ISO 50001:2018 – Energy Management System	
<input type="checkbox"/> ISO 13485:2016 – Medical Devices Quality Management System	
<input type="checkbox"/> ISO 20000-1:2018 – IT Service Management System	
<input type="checkbox"/> ISO 37001:2025 – Anti-Bribery Management System	
<input type="checkbox"/> ISO 42001 – Artificial Intelligence Management System	
<input type="checkbox"/> Integrated Management System (IMS)	
<input type="checkbox"/> Other: _____	

3. COMPANY INFORMATION

Total Number of Employees		Number of Shifts:	
Scope: Please describe what activities your organization carries out.			



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Please list any additional sites to be included in the scope of registration

Existing Certifications (if any)

4. DOCUMENTS ATTACHED

- Company Registration Certificate
- GST Certificate
- Organization Chart
- Process Flow / Scope Details
- Existing Certificates (if applicable)
- Other Documents: _____

5. DECLARATION

I/We hereby declare that the information provided in this application form is true and correct to the best of our knowledge. We agree to comply with the certification requirements and provide all necessary documents for assessment.

Signature		Stamp		Date	
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Please return this form to:

ICMS CERTIFICATIONS
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E-Mail: icmscertifications@gmail.com, Website: www.icmscert.com