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**Application for Approval under ESPC Scheme**

*For Personnel Certification Bodies*

***Name of the Applicant body***

***................................................***

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| 1. **Name of the Certification Body (PrCB)** | | |  | | | | | | | | | | |
| 1. **Address of Head office** (with PIN Code) | | |  | | | | | | | | | | |
| **2 a) Registered office, if it is different from HO** | | |  | | | | | | | | | | |
| **2 b) Operational office, if it is different from above** | | |  | | | | | | | | | | |
| 1. **Other Offices** | | | (Please fill up Annex-1) | | | | | | | | | | |
| 1. **Mailing Address** | | | Same as Head Office | | | | (write if different from HO) | | | | | | |
| 1. **Legal Entity Status** | | |  | | | | | | | | | | |
| 1. **Name of the Chief of Applicant Body** | | | [Name, Designation] | | | | Landline No.:  Mobile No.:  Email No.:  Fax No.:  Skype:  Web: | | | | | | |
| 1. **Name of the Contact Person for certification activity** | | | [Contact 1 Name, Designation]  [Contact 2 Name, Designation] | | | | [Contact 1 Mobile Number, Email]  [Contact 2 Mobile Number, Email] | | | | | | |
| 1. **Any other provisional approval held for personnel certification** | | | Yes/ No; If yes, | | | | Scheme No:  Validity Till: | | | | | | |
| 1. **Any accreditation held for any certification** | | | Yes / No | | | | Please use separate sheet as Annex, if required | | | | | | |
| **Name of the Accreditation body** | | | **Nature of certification (MS, Product/Persons…)** | | | | **Scope of accreditation** | | | **Accreditation No. (if any)** | | | |
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| 1. **Scope(s) of ESPCS approval applied for** (attach separate list as Annex if required) | | | | | | | | | | | | | |
| **S.no.** | **Category of professionals to be certified** | | | | | | **Certification criteria**  **(Refer specific ESPCS Competence Criteria)** | | | | | | |
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| 1. **Number of Invigilators, Examiners, Evaluation members and Staff** | | | | | | | | | | | | | |
| **Head Office** | | | | | | **Location 1** | | | | | **Location 2** | | |
|  | | **Examiners/ Evaluation members/ Technical Experts** | **Invigilators** | **Other Staff** | | **Examiners/ Evaluation members/ Technical Experts** | **Invigilators** | | **Other Staff** | | **Examiners/ Evaluation members/ Technical Experts** | **Invigilators** | **Other Staff** |
| **Full-time** | |  |  |  | |  |  | |  | |  |  |  |
| **External resource/Part time** | |  |  |  | |  |  | | | |  |  |  |
| 1. **Total number of persons certified (Scheme wise), if already operating personnel certification:**  |  |  |  | | --- | --- | --- | | **Sl no** | **Scheme** | **Nos Certified** | |  |  |  | |  |  |  | | | | | | | | | | | | | | |
| 1. **Other Activities besides Certification** | | | (attach separate list as Annex if required) | | | | | | | | | | |
| 1. **Related Bodies, if any** | | | (Please name the Related Bodies and describe their activities. Attach separate list if required). | | | | | | | | | | |
| 1. **Financial Details**   (for last 3 FY) | | | **Income** | | **Expenditure** | | **Profit/ Loss** | | | | | | |
| **FY-1** | | |  | |  | |  | | | | | | |
| **FY-2** | | |  | |  | |  | | | | | | |
| **FY-3** | | |  | |  | |  | | | | | | |
| 1. **List of enclosures** | | |  | | | | | | | | **Annex #** | | |
| 1. Application fee | | | | | | | | | | |  | | |
| 1. Cross Reference Matrix-cum-Assessment Report duly filled up | | | | | | | | | | |  | | |
| 1. Quality Manual, Procedures and/or any other documentation to address ESPCS requirements (soft copy) | | | | | | | | | | |  | | |
| 1. Sample of the Certificate and the schedules, if any | | | | | | | | | | |  | | |
| 1. Sample of the Certification agreement, if any | | | | | | | | | | |  | | |
| 1. Sample of the Mark of the applicant, if any, and Proof of its Ownership rights | | | | | | | | | | |  | | |
| 1. Resources and Competence Matrix for applied schemes for examiners, technical experts, invigilators | | | | | | | | | | |  | | |
| 1. List of the examiner staff (full time, contract, experts) location-wise with their specialization against the schemes applied for | | | | | | | | | | |  | | |
| 1. List of the Certified persons (Scheme wise), if any | | | | | | | | | | |  | | |
| 1. Description of the Liability insurance held | | | | | | | | | | |  | | |
| 1. Letter of authorization from management to act behalf of the PrCB | | | | | | | | | | |  | | |
| 1. Others   (attach separate list as Annex , elsewhere specified in the application, and Separate Annexes for each scheme) | | | | | | | | | | |  | | |
| I/We, on behalf of ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apply for ESPCS provisional approval against the scheme specified in column 10, and declare that   1. The information given in this application is true. 2. The ESPCS approval criteria and ESPCS approval procedures have been read & understood. 3. The applicant body has adequate resources to conduct certification in accordance with the ESPCS approval criteria and other guidance documents. 4. The applicant body will pay the fee as per the applicable fee schedule. 5. If any information given by the applicant body is wrong or the applicant body is found to be not complying to the criteria of ESPCS approval or other specified rules and regulation, the ESPCS approval may be suspended or withdrawn at the discretion of the Board.   vi) The applicant body agrees to provide access to all the information relevant to the certification  system (including details of complaints, disputes and appeals) for which ESPCS approval is sought.  This applies to all premises where the conformity assessment services take place.   1. The applicant body shall inform the Board, without delay of significant changes relevant to its application/ESPCS approval, in any aspect of its status or operation relating to 2. Its legal, commercial, ownership or organizational status, 3. The organization, top management and key personnel, 4. Main policies, 5. Resources and premises, 6. Scheme of ESPCS approval, and 7. Other such matters that may affect the ability of the applicant body to fulfil requirements for ESPCS approval. 8. The applicant body, from the date of signing of this application, 9. Shall comply with the ESPCS approval criteria and the rules of the Board including adapting to the changes in the requirements for ESPCS approval. 10. Shall ensure that none of the acts of omission or commission of the applicant body will bring the ESPCS approval and certification system to disrepute. 11. Shall ensure that it will not overstate its capabilities with respect to the schemes for which it has applied for ESPCS approval. 12. Shall provide access to those documents that provide insight into the level of independence and impartiality of the applicant from its related bodies, where applicable 13. Shall arrange the witnessing of the services when requested by the ESPCS owner 14. Shall claim ESPCS approval only with respect to the scheme for which it has been granted ESPCS approval for, 15. Shall not use ESPCS approval in such a manner as to bring the Board into disrepute, 16. Shall pay fees as shall be determined by the ESPCS owner., 17. Shall take appropriate corrective and preventive action on its conduct and issues that are identified by the Board as contrary to its terms and conditions. 18. Shall certify electrical safety professionals only under ESPCS. | | | | | | | | | | | | | |
| **Signatures of Authorized Signatory** | | | | | | | | | | | | | |
| **Name** | | |  | | | | |  | | | | | |
| **Designation** | | |  | | | | |  | | | | | |
| **Date** | | |  | | | | |  | | | | | |
| **Place** | | |  | | | | |  | | | | | |
| **(With Organization’s Stamp)** | | |  | | | | |  | | | | | |

**Annex-1**

**DETAILS OF THE OFFICES**

**(Please refer item 3 of the application)**

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| 1. **BRANCH OFFICES:** | | | | |
| **Location** | **Address/contact details** | **Activities performed** | **Resources**  **Examiners/others** | **No of Certificates operating under this branch** |
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| 1. **SUBCONTRACTORS/ FRANCHISEES, if any** | | | | |
| **Name** | **Address/contact details** | **Activities performed** | **Resources**  **Examiners /others** | **No of Certificates operating under this franchisee** |
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| 1. **ANY OTHER BUSINESS ASSOCIATES (MARKETING OR ANY OTHER PURPOSE)** | | | | |
| **Name** | **Address/contact details** | **Activities performed** | **Resources**  **Examiners/others** | **No of Certificates operating under this Associate** |
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**List of Annexes**

(As referred within Application)

**(This is in addition to item 16 List of Enclosures)**