



TQ SERVICES

STAR SCHEME CERTIFICATION

APPLICATION FORM

Name & address with pin code of the Security Agency:

Tel. No.:

Fax No.:

Email :

Weekly Holiday: Office / Works:

Travel related Data	Approximate distance to location (KMs)	
	Nearest Airport:	
Nearest Railway station:		

Certification required for: **ISO 9001: 2015** **STAR Scheme Certification**

Types of STAR Scheme certification applied for:

Level 1	One Star	Meeting Compliance Requirements	
Level 2	Two Star	Established Compliance Management	
Level 3	Three Star	Consistent Operations	
Level 4	Four Star	Sustained Performance	
Level 5	Five Star	Assured Quality	
Level 6	Six Star	Trusted Excellence	
Level 7	Seven Star	Professionally Managed Security Operations (Level 7 is under Development)	

Scope of certification being sought; (Scope to cover products/services and important functions If multiple sites exist, pl provide the details of scope for each location using additional sheets as required)

Any relevant statutory and regulatory compliances:

Is the Organization responsible for Design function? Yes / No



TQ SERVICES

STAR SCHEME CERTIFICATION

APPLICATION FORM

Contact Person / Designation:

Management Representative:

Type of company (Public sector / private / proprietary and Small Scale / Medium Scale / Large Scale):

Organisation registered as legal entity with:

Part of MNC/Corporate group:

Outsourced process (if any):

Subsidiaries / Associate Companies:

Mention GST No. and attach copy of same as proof:

Mention PAN No. and attach copy of same as proof:

Mention TAN No. and attach copy of same as proof:

Organisation Chart : Please **attach** separate sheet

Process flow chart : Please **attach** separate sheet.

Quality Manual : Please **attach** separate sheet.

PSARA license : Please **attach** separate sheet.

Assessment report or yearly related submission to Government if any. : Please **attach** separate sheet.

The details of No. of employees and Manufacturing / Service location(s) and any support location(s) with addresses which are to be covered in certification. (Example: any other manufacturing sites, design, marketing, sales, purchase etc.,). To provide details of contact person, contact phone, fax and mail address.

		Number of employees					
		Head Office		Site 1		Site 2	
		Billable	Non Billable	Billable	Non Billable	Billable	Non Billable
1	Management						
2	Office Staff, helpers						
3	Operation						
4	HR/ Training						
5	Marketing / Sales						
6	Others–Stores, Admin, purchase etc						
7							



TQ SERVICES

STAR SCHEME CERTIFICATION

APPLICATION FORM

8							
9							
	Total						

- *Non-Billable means permanent employees hired on man-month basis.*
- *Billable employees are those employees hired on man-day basis or seasonal basis and would not be considered for commercial offer.*

Details of personnel in shift working

Site, address and contact person details	Gen shift	1st shift	2nd shift	3rd shift

Support Locations, address and contact person details	No of employees

(Please use separate sheet if page is insufficient.)

Turn Over last year :

Do you have any consultant for Star Rating Certification: YES / NO

Consultancy Agency (if applicable):

Since how long have you been preparing for Star Rating Certification?

On a scale of 1 -10, (1 means absolutely unprepared and 10 means ready for Certification) where would you place your organisation:

The Management is committed to

- To comply with the requirements of the PSARA Act and any applicable legal & other regulatory requirements and for continual improvements.
- Provide any necessary information required for evaluation of the system to TQ SERVICES

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

**CHIEF OF CERTIFICATION,
TQ SERVICES
Splendid Tower, 6th Floor
H. No. 1-8-364,437,438 & 445, Begumpet
Hyderabad-500003, Telangana, India**

Signature of
Authorised Representative & Date: