



QUALITY COUNCIL OF INDIA (QCI)

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002
Phone: +91-11-2337 8056 / 57; Fax: +91-11-2337 8678; E-mail: manish.pande@qcin.org; Web: www.qcin.org

APPLICATION FORM FOR CERTIFICATION BODIES

Yoga School Certification Scheme

To apply for QCI Approval under Yoga School Certification Scheme, please complete this application form and send it to QCI at the address mentioned above accompanied by:

1. Documents as listed in Part IV of application;
2. Application Fee (with applicable taxes) in favour of Quality Council of India.

Before completing this application form and submitting application, relevant Yoga School Certification Scheme, documents should be carefully studied. If any clarification is needed, please contact QCI.

If additional space is required for providing information to any item, the information may be annexed as a separate sheet.

Please provide information as per the format and in the space given.

PART – I		GENERAL INFORMATION			
1.	Name of the Certification Body				
2.	Address of Main Office				
		City			
		State		PIN	
3.	Contact Details	Name			
		Designation			
		Address with Pin Code			
		Phone/ Fax/ E-mail Web			
4.	Ownership Details				
5.	Legal Registration Details	Status			
		Regn. No.			
		Date of Regn.			



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		<i>Regn. Authority</i>	
		<i>Place of Regn.</i>	
		<i>If registered outside the country where Main Office is located. Also provide above the details of approval to operate or to do business in India / SAARC country/ Global and annex copy of the approval granted.</i>	
6.	Chief Executive	<i>Name</i>	
		<i>Designation</i>	
7.	Branch Office Location(s) and their activities		
		<i>Mention above all Branch Office locations of the Certification Body and annex details as per the format in Table A.</i>	

PART – II	PERSONNEL INFORMATION
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8.	Head of Quality/Head of Yoga (Operations)	<i>Name</i>	Designation			
9.	Personnel for Yoga School Certification Scheme	<i>Managerial Staff</i>	<i>Auditors for auditing Yoga schools</i>	<i>Support Staff</i>	<i>Yoga experts</i>	<i>Total</i>
		Location(s)				
	<i>Mention only numbers (employed and contracted) above and annex details of managerial staff, key faculty, & specialised experts at the Main Office as well as Branch Office locations as per the format in Table B.</i>					

PART – III	OTHER INFORMATION
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10.	Any other approval from Government authorities – PI provide details, if any	
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11.	Any activities other than certification of training schools within the legal entity				
12.	Any accreditation held – as Certification body for standards ISO 9001, ISO 29990. Please specify Accreditation Body's name, Accreditation Cert. No. and validity period				
13.	Students passed out in the last academic years for courses longer than 200 hours duration (Indicate the number and present the list during the audit)				
14.	Financial Performance (for last 3 financial years)	<i>Financial Year</i>	<i>Total. Income</i>	<i>Income from certification</i>	<i>Net Profit</i>

PART – IV ANNEXED INFORMATION		
1.	Organization Registration Certificate & Memorandum / Articles of Association or any other legal article (<i>copy only</i>)	<i>Annex – 1</i>
2.	Master List of Documents relating to Yoga School Certification Scheme (<i>with issue and/or revision status</i>)	<i>Annex – 2</i>
3.	Quality Manual in accordance with Scheme requirements	<i>Annex – 3</i>
4.	Documentation relating to Scheme for YSCS (Procedures, Competence Criteria, Formats, Checklists etc.)	<i>Annex – 4</i>
5.	Branch Office(s) to be covered under approval (list as per format in Table – A)	<i>Annex – 5</i>
6.	List of Managerial Personnel, Auditors & Technical Experts (list as per format in Table – B)	<i>Annex – 6</i>
7.	Application Fee - Amount, Cheque / DD No., Date:	<i>Annex – 7</i>
8.	Other Documents, if any (annex list)	<i>Annex – 8</i>



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PART – V DECLARATION

I, the Authorized Representative on behalf of our Certification Body, agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI Approval under the Yoga School Certification Scheme, and declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. QCI criteria, requirements, procedures and documents have been read, understood and implemented.
3. Have adequate resources to certify as per Yoga School Certification Scheme, undergo assessment as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.
4. Shall ensure that the staff and procedures of our Certification Body will always continue to comply with the QCI Scheme requirements and procedures.
5. Shall always maintain impartiality and integrity in all our operations.
6. Shall always provide, or give access to, all documents, records, information and facilities during the entire assessment process to enable a thorough assessment.
7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by QCI.
8. Shall immediately notify QCI of any significant changes in organizational status / structure, course curriculum, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our approval.
9. Shall agree to routine assessment, surveillances & re-assessments as scheduled by QCI and also the verification or surprise visits as decided by QCI.
10. Any fee and charges payable by our Certification Body and which remains unpaid shall be recovered from our Certification Body with late payment charges as appropriate and decided by QCI.
11. If our Branch Office or any branches at any time is found not complying with the above declaration or the requirements of QCI as applicable or is found misrepresenting or misusing approval or carrying out malpractices or bringing QCI into disrepute, any action against our Yoga School may be taken including suspension, withdrawal or termination as deemed appropriate by QCI.
12. If any information given along with this application is later found to be false, QCI may decide to cancel our application.
13. We shall obtain NABCB accreditation as specified under the Yoga School Certification Scheme within a year.

Authorized Representative

Signature

Name

Designation

E-mail

Date

Place



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CERTIFICATION BODY - BRANCH OFFICE LOCATION(S)			TABLE – A
S.No.	Branch Office location with complete address	Phone, Fax & E-mail; Local Contact Person (with Designation)	Activities Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CERTIFICATION BODY: MANAGERIAL PERSONNEL, AUDITORS & TECHNICAL EXPERTS			TABLE – B
S. No.	Name with Designation/Category (Auditor/TE)	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.		-	
6.			
7.			