

# Client Information Sheet

Any Details Please Contact 040-40024337



<b>Name of the organization</b> <i>(As per registration)</i>			
<b>Nature of business</b> <i>(Details of service, product and domain)</i>			
<b>Status of the organization</b>		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Limited <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited <input type="checkbox"/> Trust/Association	
<b>Address</b> <i>(As you would like to be printed on the certificate)</i>			
<b>Total employee strength</b>			
<b>Additional Location</b>	<b>No. of Employees</b>	<b>Activities conducted at this location</b>	
<b>Contact Person Name</b>			
<b>Designation</b>			
<b>Phone Number</b>			
<b>Mail-ID</b>			
<b>Organization Website</b>			
<b>Certifications required</b> <i>(ISO 9001, CE, CMMi...)</i>			
<b>Reason for Certification</b>		<input type="checkbox"/> Branding <input type="checkbox"/> Process Improvement <input type="checkbox"/> Tender/Bids <input type="checkbox"/> Legal/Statutory Requirement <input type="checkbox"/> Customer Requirement <input type="checkbox"/> Other	
<b>Date of Incorporation</b> <i>(Years since business)</i>		<b>Annual Turnover</b>	
<b>How soon can the project start?</b>		<b>Is there a deadline for project completion?</b>	
<b>Remarks and other information</b>			