

REQUEST FOR QUOTATION-MANAGEMENT SYSTEM CONSULTANCY SERVICES

Data Sheet						
Organization Name & Address						
Phone No.						
E-Mail ID						
Website (if any)						
Top Management	Name					
	Mobile					
Contact Person	Name					
	Mobile					
No. of Employees						
Scope or Activity						
Consultancy services required for		ISO 9001	ISO 13485	ISO 14001	ISO 45001	ISO 21001
		ISO 22000	ISO 50001	IATF 16949	ISO/TS 22163	FSC
		FSSC	SA 8000	SEDEX	HALAL	HACCP
		Others Please specify:				
Statutory and Regulatory Details		MOA				
		CIN				
		Factory License				
		TNPCB Consent				
		Fire License				
		ESI				
		PF				
		GST No.				
No. of Products						
No. of Customers						

Date:

Name & Designation

Place:

Signature & Seal