

GROWTH INDIA

Application Form for Certification Services

1. Client Reference Number*:			
2. Organization Name*:			
3 . Authorized Representative*:			
4. Contact Information*: (Mobile:	/ Phone No: / Email: / Website	e Address:)	
5. Scope*:			
6. Address*: (Complete Correspon	ndence Address with Pin Code)		
7. Certification Required*:			
8. Total No. of Sites: (If more than	1 site then all addresses of all	sites to be covered by th	is certification)
9 . No. of Shifts at each site:			
10 . No. of Employees:			
11. Certification Fee: AMOUNT	Processing Fee: AMOUNT	GST 18%: AMOUNT	Total: AMOUNT
12. Payment Mode: (Cheque No./Transaction No.) Received Amount: AMOUNT Balance: AMOUNT			alance: AMOUNT
13 . PAN Number:			
14 . Aadhaar Number:			
15. GSTIN: (Required GST Number	for Tax Invoice.)		
Signed By* (with Company Stamp	/ Seal)		
		Date: D D	/N/ N//V V V