## APPLICATION FOR ISSUE FOR FRESH/RENEWAL OF THE MANUFACTURER'S CERTIFICATE UNDER DOMESTIC ELECTRICAL APPLIANCES UNDER HOUSE HOLD ELECTRICAL APPLIANCES ( QUALITY CONTROL) ORDER 1981

01.	NAME OF THE MANUFACTURER:										
02.	ADDRESS:										
	I. FACTORY:										
	II. OFFICE:										
03.	CONSTITUTION WHETHER PARTNERSHOP/PROPRIETERO:										
04.	NAME	NAME(S) OF THE MANUFACTURING PARTNER/PROPRIETOR:									
05.	SSI REGISTERATION NO.(IF ANY):										
06.	NAME	NAME OF THE ITEM(S) MANUFACTURED/SOLD:									
S.NO.	NAME	NAME OF THE APPLIANCE BRAND IS TO WHICH HAS THE IF YES AGENCY									
S.NO.	NAME APPLIA	OF THE ANCE	BRAND NAME IF ANY	I.S. TO WHICH IT CONFORMS	HAS THE RODUCT BEEN TESTED FOR CONFIRMITY TO I.S.	IF YES, ATENCY WHICH CONDUCT TEST					

07.	TESTING FACILITEIS ALREADY AVAILABLE: (Give the list of instruments available)									
08.	ADDITIONAL TESTING FACILITES PROPOSED IF ANY(Give the name of the equipment proposed to be procured)									
09. WHETHER MARKETING DIRECTLY OR THROUGH DEALERS, IF THROUGH DEALERS, PLEASE GIVE THE NAME AND ADDRESS OF THE DEALERS										
(ATTACH HOLDING ISI CERTIFICATION MARKS LICENCE?										
10. QHWRHWE HOLSINF ISI CERTIFICATION MARKS LICENCE ? IF YES, GIVE DETAILS										
I.	I. LICENCE NO									
II.	VALIDITY									
III	. PRODUCTS (	COVERED A	AND RELEVA	ANT IS:						
11. ADDITIONAL INFORMATIONS IF ANY:										

I SOLEMNLY DECLARE THAT MY TESTING EAQUIPMENTS ARE CALIBRATED FROM RECOGNISED LABORATORY EVERY YEAR AND ALL ELECTRICAL APPLIANCES WHICH ARE DUCED/MANUFACTURED IN MY FACTORY ARE TESTED UPTO THE ACCEPTANCE TESTS AS PER THE B.I.S SPECIFICATIONS

**SIGNATURE**