

TEXTILE COMMITTEE	Customer Enlistment Form	TQM Division
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Part- I: For Applicant's Use		
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1	Name of the Company			
2	Address			
3	Telephone / Fax Nos.			
4	Email / Website			
5	Name & designation of Chief Executive / Competent authority / Owner / Partner with contact No.			
6	Name, designation and contact no. of the person to liaison with Textiles Committee			
7	Name and Address of the Manufacturing Units / Offices with Telephone Nos. (Attach separate sheet if necessary)			
8	Activities carried out in own facilities (Please ✓)	9	Business details	
	a. Ginning & pressing		a. Nature of Business	
	b. Spinning			
	c. Twisting		b. Turn Over (Previous Year)	
	d. Gassing / Singeing			
	e. Knitting		c. No. Of Shifts with timing	
	f. Weaving			
	g. Bleaching / Dyeing / Printing / Wet processing		d. Total No. of Employees	
	h. Compacting / Fleecing / Brushing			
	i. Special Finishes		e. Product profile (Attach separate sheet if necessary)	
	j. Cutting, stitching & packing			
	K Special Washes / Special finishes		f. Activities involved in the process (Process Flow chart may be furnished)	
	l. Garment / Made up printing			
	m. Embroidery / Appliqué work / sequencing			
	n. Special operation such as Ladder stitching, Filling etc.		g. Production capacity	
	o. Others (Please specify)			

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10	Details of Registration with Textiles Committee / Govt. bodies						
11	Consultancy required for (Please √)	ISO 9000	ISO 14000	SA 8000	OHSAS 18000		
		Others (Please Specify)					
12	Requirements as per Management System (Please √)	ISO 9000	Inspection and test facilities available		Yes	No	
		ISO 14000	Consent order, ETP/STP, Hazardous waste authorization available		Yes	No	
		SA 8000	ESI / PF and other statutory requirements provided		Yes	No	
		OSHAS 18000	Safety officer available		Yes	No	
		Others	Others (Please specify)		Yes	No	
13	Certified for any management Systems (Please √)		Yes		No		If Yes, Please Specify:
14	Remarks						

Place:

Signature:

Date:

Name and Designation:

Company Seal:

Note:

1. Please type or write with blue or black ballpoint pen.
2. Don't leave any column blank. If any column is not applicable then write "N/A".
3. Please attach separate sheet/s where required.

Part- II: For Office Use		
1	Whether the company has availed any other consultancy from our office? If so, name the standard	
2	Whether the company can be recommended for consultancy from Textiles Committee	
3	If no, please mention reasons	

Date:

Signature of Officer-in-charge with name & designation