



Quality Council Of India (QCI)

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002
Phone: +91-11-2337 8056 / 57; Fax: +91-11-2337 8678; Web: www.qcin.org; kamla@qcin.org

APPLICATION FOR QCI RECOGNITION

Hygiene Rating Audit Agency (HRAA) HRA Agency Recognition Scheme as per QCI/HRS/Requirements for HRAAs/Ver 1/July 2020

For Hygiene Rating Scheme of FSSAI

To apply for recognition, please complete this application form and send it to QCI at the address mentioned above accompanied by:

1. Documents as listed in Part V of application;
2. Completed Cross Reference Matrix [QCI/HRS/ F-002 (HRAA - Hygiene rating) / July 2020] for Document Review by QCI;
3. Completed cross reference matrix of Hygiene Rating Scheme of FSSAI
4. Application Fee (with applicable taxes) in favour of Quality Council of India.

Before completing this application form and submitting application, relevant QCI documents for HRA agency Recognition Scheme should be carefully studied. If any clarification is needed, please contact QCI at kamla@qcin.org. Instructions to fill this Application are provided at the end of the format.

If additional space is required for providing information for any item, the information may be annexed as a separate sheet.

Please tick in the appropriate box.

Application for Recognition	Initial	<input type="checkbox"/>	Renewal	<input type="checkbox"/>

Are you already accredited by QCI/NABCB for any other Scheme -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes Please Specify		

Please provide information as per the format and in the space given.

PART – I		GENERAL INFORMATION			
1.	Name of HRA Agency				
2.	Address of Main Office				
		City			
		State		PIN	



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3.	Contact Details	<i>Phone</i>			
		<i>Fax</i>			
		<i>E-mail</i>			
		<i>Web</i>			
4.	Ownership Details				
		<i>Also please provide Declaration on Shareholder(s) and Director(s) of the HRA Agency in.</i>			
5.	Legal Registration Details	<i>Status</i>			
		<i>Regn. No.</i>			
		<i>Date of Regn.</i>			
		<i>Regn. Authority</i>			
6.	Place of Registration				
		<i>If registered outside the country where Main Office is located. Also provide above the details of approval to operate or to do business in India / SAARC country and annex copy of the approval granted.</i>			
7.	Chief Executive	<i>Name</i>			
		<i>Designation</i>			
8.	Primary Contact Person	<i>Name</i>			
		<i>Designation</i>			
		<i>Phone</i>			
		<i>Mobile</i>			
		<i>E-mail</i>			
9.	Branch Office Location(s)				
		<i>Mention above the Branch Office locations and annex details as per the format in Table A.</i>			



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10.	Scope of Recognition	Hygiene Rating Scheme of FSSAI	
		Food Service Establishments (restaurants/cafeteria/ <i>dhabas</i> / bakeries), meat retail shops and sweet (<i>mithai</i>) shops	
11.	Inspection Equipment with Type, Make & Range / Capacity <i>(if owned by HRAA)</i>	<i>Calibration Status</i>	
		<i>Calibration Agency</i>	<i>Cal. Frequency</i>
	Thermometer		
	Torch (800 Lumen)		
	Magnifying Glass 10X		
	Stop Watch		
	<i>Annex separate sheet if more space is required to provide information.</i>		

PART – III PERSONNEL INFORMATION

12.	Quality Manager	<i>Name</i>			
13.	Number of Personnel	<i>Managerial Staff</i>	<i>Inspection Staff</i>	<i>Support Staff</i>	<i>Total</i>
	Location(s)				
	<i>Mention only numbers above and annex details of key Managerial and all Inspection Personnel as per the format in Table C.</i>				



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PART – IV		OTHER INFORMATION			
14.	Other activities within the same legal entity				
15.	Related Organization(s), if any, and their activities,				
16.	Major Clients				
17.	Financial Performance (for last 3 financial years)	<i>Financial Year</i>	<i>Insp. Income</i>	<i>Total Income</i>	<i>Net Profit</i>
18.	Inspection Mark Registration, if any	<i>Regn. No.</i>	<i>Regn. Date</i>	<i>Regn. Authority</i>	
19.	Other Recognition(s), Approval(s) from Govt. or Regulatory Bodies, if any				

PART – V		ANNEXED INFORMATION	
1.	Organization Registration Certificate & Memorandum / Articles of Association (<i>copy only</i>)	<i>Annex – 1</i>	
2.	Declaration on Shareholder(s) and Director(s) of HRA Agency	<i>Annex – 2</i>	
3.	Master List of Documents (<i>with issue and/or revision status</i>)	<i>Annex – 3</i>	
4.	Quality Manual in accordance with QCI/HRS/Requirements for HRAAs/Ver 1/July 2020	<i>Annex – 4</i>	
5.	Documentation relating to Provisional Approval of HRAA for Hygiene Rating Schemes (Procedures, Competence Criteria, Formats, Checklists etc.)	<i>Annex – 5</i>	
6.	Duly filled Cross reference Matrix [QCI/HRS/ F-002 (HRAA - Hygiene rating) / July 2020)] for Document Review by QCI	<i>Annex – 6</i>	
7.	Branch Office(s) to be covered under recognition (<i>list as per format in Table – A</i>)	<i>Annex – 7</i>	
8.	List of Managerial & Inspection Personnel (<i>list as per format in Table – B</i>)	<i>Annex – 8</i>	
9.	Business Liability Insurance (<i>copy only</i>)	<i>Annex – 9</i>	
10.	Application Fee - <i>Amount, Cheque / DD No., Date:</i>	<i>Annex – 10</i>	
11.	Other Documents (<i>annex list</i>)	<i>Annex – 11</i>	
12.	Other Documents (<i>annex list</i>)	<i>Annex – 12</i>	

PART – VI		DECLARATION	
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We the Authorized Representatives on behalf of our HRA agency declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. QCI recognition criteria, requirements, procedures and documents have been read, understood and implemented.
3. The terms & conditions in the QCI Agreement for HRAA (QCI/HRS/ F-003 (HRAA - Hygiene rating) / July 2020) are available on the QCI website have been read, understood and the agreement shall be signed promptly on receiving intimation of grant of recognition from QCI.
4. Have adequate resources to undertake inspection work for the scope of recognition requested, undergo assessment as well as maintain recognition, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.
5. Shall ensure that the operations, staff, facilities, and procedures of our HRA agency will always continue to comply with the QCI criteria, requirements, procedures & documents for recognition.
6. Shall always maintain impartiality and integrity in operations as well as in inspection work.
7. Shall always provide, or give access to, all documents, records, information and facilities during the entire assessment process to enable a thorough evaluation of our HRA agency and also later during the period of recognition.
8. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by QCI.
9. Shall immediately notify QCI/FSSAI of any significant changes in its organizational status / structure, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our recognition or the terms in which the scope of recognition is expressed.
10. Shall undertake routine assessments, surveillances & reassessments as scheduled by QCI/FSSAI and also the verification or surprise visits as decided by QCI/FSSAI.
11. Any fee and charges payable by our HRA agency and which remains unpaid shall be recovered from our HRA agency with late payment charges as appropriate and decided by QCI.
12. If our HRA agency at any time is found not complying with the above declaration or the requirements of ISO/IEC 17020 and/or QCI or is found misrepresenting scope of recognition or misusing recognition or carrying out malpractices or bringing QCI into disrepute, any action against our HRA agency may be taken including suspension or withdrawal as deemed appropriate by QCI.
13. If any information given along with this application is later found to be false, QCI may decide to cancel our application.

	Authorized Representative	Alternate Authorized Representative
<i>Signature</i>		
<i>Name</i>		
<i>Designation</i>		
<i>E-mail</i>		
<i>Date</i>		
<i>Place</i>		



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HRA AGENCY BRANCH OFFICE LOCATION(S)			TABLE – A
S. No.	Branch Office location with complete address	Phone, Fax & E-mail; Local Contact Person (with Designation)	Activities Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



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HRA AGENCY MANAGERIAL & INSPECTION PERSONNEL				TABLE – B
S. No.	Name with Designation	Qualifications & Years of Relevant Experience	Location	Competence for Scope Sector Code(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				