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| ***To apply for the provisional approval of Fire Safety Inspection Agency (FSIA), please complete this application form and send it to IFE(India) at: fsis@ifeindia.org***  ***Before completing this application form and submitting the application, please read scheme related documents carefully. If any clarification is needed, please contact at: +91 9111022220, 011 - 42831112***  ***If additional space is required for providing information for any item, the information may be annexed as a separate sheet.*** | | | | | | | | | |
| **PART – I GENERAL INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
|  | **Name of Inspection Body** | |  | | | | | | |
|  | **Type of Inspection Body** | | A | | | | C | | |
|  | **Address of Main Office** | |  | | | | | | |
|  | |  | | | | | | |
|  | | *City* |  | | | | | |
|  | | *State* |  | | | | *PIN* |  |
|  | **Contact Details** | | *Phone* |  | | | | | |
| *Fax* |  | | | | | |
| *E-mail* |  | | | | | |
| *Web* |  | | | | | |
|  | **Ownership Details** | |  | | | | | | |
|  | **Legal Entity Details** | | *Status* | |  | | | | |
| *Regn. No.* | |  | | | | |
| *Date of Regn.* | |  | | | | |
| *Regn. Authority* | |  | | | | |
| *Place of registration* | |  | | | | |
| *PAN No.* | |  | | | | |
|  | **Chief Executive** | | *Name* | |  | | | | |
| *Designation* | |  | | | | |
|  | **Primary Contact Person** | | *Name* | |  | | | | |
| *Designation* | |  | | | | |
| *Phone* | |  | | | | |
| *Mobile* | |  | | | | |
| *E-mail* | |  | | | | |
|  | **Branch Office Location(s)**  **& Activities in each location** | |  | |  |  | | |  |
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| **PART – II PERSONNEL INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
|  | 1. **Head of operations or Technical Manager** 2. **Quality Manager** | | *Name*  *\Contact details*  *Name*  *Contact details* | |  | | | | |
|  | | | | | | | | | |
|  | **Number of Personnel** | | *Managerial Staff* | | *Inspection Staff* | *Support Staff* | | | *Total* |
| Location(s) |  |  | |  |  | | |  |
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| *Mention only numbers above and annex details of key Managerial and all Inspection Personnel as per the format in Table C.* | | | | | | | | |
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| **PART – III OTHER INFORMATION** | | | | | | | | | |
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|  | **Other activities within the same legal entity** | |  | | | | | | |
|  | | | | | | | | | |
|  | **Related Organization(s), if any, and their activities,** | |  | | | | | | |
|  | | | | | | | | | |
|  | **Financial Performance**  (for last 3 financial years) | | *Financial Year* | | *Insp. Income* | *Total Income* | | | *Net Profit* |
|  | |  |  | | |  |
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|  | **Accredited to ISO 17020, if yes, please provide the following information**   1. Name of the Accreditation Body 2. Does scope cover fire safety? 3. Please attach accreditation certificate | |  | | | | | | |
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| **PART – IV ANNEXED INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
|  | Organization Registration Certificate & Memorandum / Articles of Association (*copy only*) | | | | | | | |  |
|  | Master List of Documents (*with issue and/or revision status*) | | | | | | | |  |
|  | System Documentation (e.g. Quality Manual, Procedures, Formats, Checklists etc related to fire safety) | | | | | | | |  |
|  | Duly filled Cross reference Matrix ([Click here to download](https://ifeindia.org/writereaddata/links/link_17122023111240.docx)) | | | | | | | |  |
|  | List of Managerial & Inspection Personnel | | | | | | | |  |
|  | Business Liability Insurance (*copy only*) | | | | | | | |  |
|  | Application Fee - *Amount, Cheque / DD No., Date*: | | | | | | | |  |
|  | Other Documents (*annex list*) | | | | | | | |  |
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| **PART –V DECLARATION** | | | |
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|  | I, ---------------------------------- the Authorized Representative on behalf of --------------------------------(Name of institution), hereby agree to follow the existing Terms & Conditions of Institution of Fire Engineers (India) as well as Rules and Regulations of the Scheme as laid under IFE (India)-AHPI Fire Safety Scheme and amended from time to time.  **Signature and seal of authorized signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of the authorized signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | **Authorized Representative** | **Alternate Authorized Representative** |
| *Signature* | |  |  |
| *Name* | |  |  |
| *Designation* | |  |  |
| *E-mail* | |  |  |
| *Date* | |  |  |
| *Place* | |  |  |