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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* |  |  |