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|  | **APPLICATION FORM****ENERGY MANAGEMENT SYSTEM** |
| [ ]  Initial Certification [ ]  Recertification [ ]  Transfer of Certification |

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| Organization Name |  |
| Address Head Office |  | Website: |
| Address(s) *of all sites* including branch offices |  |
| Name of the Top Management |  |
| Primary Contact Person | Name:  |
| Mobile/ Tel: |
| E-mail: |
| Scope of Certification *for all sites (write separately if different for any site)* |  |
| Standards | ISO 50001:2018 |
| Total Employees  |  | No of shifts: |
| Employee Details*(Write site wise in case of multi-site)* |  | Full Time | Part Time |  | Full Time | Part time |
| Design:  |  |  | Store: |  |  |
| Production:  |  |  | Accounts: |  |  |
| sales: |  |  | Others |  |  |
| Purchase:  |  |  |  |  |  |
| Products/Services *(write site wise in case of multi-site)* |  |
| Processes ***(****write site wise in case of multi-site)* |  |
| Outsources processes |  |
| Customers |  |
| Language (Written/oral) |  |
| Certified in any other system | [Attach certificate] |
| Any safety conditions for auditors | e.g. prior approvals, mask, helmet, aprons etc. |
| If you have hired services of any Consultant/ organization | Name |  |
| Address |  |
| Contact No. |  | E-mail/Web: |
| In case of Transfer from other Certification Body | Last Audit Date |  | Attach Last audit report and certificate |
| Desired date of audit | [Desired date should be the date, time and season when audit team has the opportunity to audit the organization operating on the maximum product lines, categories and sectors covered by the scope] |

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| *Number of Energy Types (that account for 80% of client total energy consumption)* |  [E.g. HSD, Gasoline, Coal, Husk, LPG, CNG, electricity, etc.] |
| Annual Energy Consumption (TJ) |  |
| Number of Significant energy uses (SEUs) |  |
| Production/Generation Capacity of plant (if applied) |  |
| Types and number of processes and unit operations (if applicable) |  |
| Individual Capacity of various operating devices |  |
| EnMS related legal *and Contractual* requirements *for each site* |  |
| *If EnMS management system is deployed across all sites* |  |

Name of the Authorized Representative:

 Date: