

Form VI
APPLICATION FOR GRANT OF REGISTRATION
 [See rule 16B]

FULL NAME OF APPLICANT

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Office Address

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Tel

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Fax

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State

Country

PIN

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E-mail

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STD Code(s) to be given with Telephone and Fax numbers

Address of the manufacturing unit

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Tel

--

Fax

--

State

Country

PIN

--	--	--

E-mail

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STD Code(s) to be given with Telephone and Fax numbers

Top Management

Technical Management

	Name	Designation
1.		
2.		
3.		
4.		

	Name	Designation
1.		
2.		
3.		
4.		

CONTACT PERSON & Tel. No./Fax No.
with STD code & email

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CORRESPONDENCE ADDRESS

Office Manufacturing unit

Please tick (✓) appropriate box

This application is being made for registration on:

PRODUCT

INDIAN STANDARD

IS:

Part:

Sec:

GRADE/TYPE/CLASS

PRESENT INSTALLED
CAPACITY
(Production per annum)

Units of Production

Quantity

Value (Rs)

SEAL OF FIRM

Signature _____

Name _____

Designation _____

Date of application _____

- Important: 1. Application should be signed by Chief Executive Officer of the firm, or in his absence by authorized representative.
2. Application from Foreign Manufacturers should be countersigned by authorized Indian representative.