

Date of Application							
Name of the Company							
Address							
Website, Email and Phone number							
No of Sites							
Site 1 Address							
Site 2 Address (For more site attach separate Sheet)							
Contact Person Name and Designation							
Legal Status		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>					
Statutory and Regulatory Requirement							
Accreditation Required		IAS <input type="checkbox"/>					
Certification Scheme		ISO 50001:2018 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 21001:2018 <input type="checkbox"/>					
Scope of Certification							
Exclusion if any		Clause		Justification			
Outsourced Process, If any							
No. of Employees {Except EnMS}	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Effective No. of Employees
	Site 1						
	Site 2 (Temporary)						
	TOTAL						
No. of Effective Employees {Only For EnMS}	No of personnel shall be who materially impact to EnMS and includes Top Management, MR						
	No of Team member Energy Management Team						
	No of Persons responsible for major changes affecting energy performance						
	No of Persons responsible for developing, implementing or maintaining energy performance, improvements including objectives, targets and action plans						
	No of Persons responsible for significant energy uses						
	Total Number of Effective Employees for EnMS						
Other Type of Employees (If Any):							
Certification Program Required	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>			
In Case of Integrated Audits, Following Points has to be Filled:							
An integrated documentation set, including work instructions to a good level of development, as appropriate.					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Management Reviews that consider the overall business strategy and plan					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
An integrated approach to internal audits					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
An integrated approach to policy and objectives					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
An integrated approach to systems processes.					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
An integrated approach to improvement mechanisms (corrective and preventive action; measurement and continual improvement).					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Integrated management support and responsibilities					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Overall Integration Percentage							

Is Already Certified for any Standard	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:	
Is Consultants Involved	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:	
Key Business Process Involved		
Additional Information Required		
EMS	How many Sites the company is Managing at the same time? Do you have Register of Significant Environment aspect? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Environmental Management Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Internal Environmental Audit Programme? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Internal Environmental Audit Programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EnMS	Annual Energy Consumption (TJ): No. of Energy Sources: Number of significant energy uses (SEUs):	
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.		
Name	Designation	Signature
HYM Official Use		
Can the Application Proceed for Application Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Application reviewer	Signature	Date

*Delete or Leave whichever is not applicable