



Kalam Institute of Health
Technology(Operating Certification
Services through KIHT Certification
Services)

Application Form for “Healthcare Textiles Processing Facility Certification scheme”

KIHT Certification Services (KCS)
F01b/SCHEME/R00
Page 1 of 4

Application Form for “Healthcare Textiles Processing Facility Certification scheme”

All fields should be filled correctly

Healthcare facility: Hospital Nursing homes

Extended care facilities, standalone surgical centers, clinics, medical, surgical, and dental facilities

1. Organization/Company details			
Company Name (Legal entity requiring certification):			
Site-1 Address (to be certified):		Please detail the processes and Activities at site-1	
Postcode:	State:	Country:	
If more than one site is to be certified, specify the other site address <input type="checkbox"/> YES <input type="checkbox"/> NO	Site-2 address	Site-3 address	Site-4 address
	Postcode-	Postcode-	Postcode-
	State-	State-	State-
Please detail the processes and Activities			
E-mail:			
Phone:		Fax: NA	
Website:			
Chief Executive/MD:			Mobile:
Contact Person Name:		Position:	Mobile:
		Email:	
Company Status (Please Tick)		<input type="checkbox"/> Public Limited	
		<input type="checkbox"/> Private Limited	
		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Government	
Proof Document to be attached in Annex-1 (Company Registration or Certificate of Incorporation)			



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Page 2 of 4

	<input type="checkbox"/> Proprietary <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Please Specify):			
2. Did you use consultancy related to the Scheme?				
<input type="checkbox"/> NO <input type="checkbox"/> YES- please specify below				
Consultancy Company Name				
Name of the Consultant				
Extend and work performed				
3. Does the organization have staff speaking in other than English and Hindi?				
<input type="checkbox"/> NO <input type="checkbox"/> YES- please specify below				
Other Languages				
4. Are there any specific (relevant) legal obligations/regulatory approval/licenses related to the product, process and operations applicable for the organization?				
<input type="checkbox"/> NO <input type="checkbox"/> YES- please specify below and provide the related proof documents/certificates in Annex-3				
License Number				
Validity				
5. Please describe the process activities and/or services of your company/hospital (for applied scope only)				
6. Are you outsourcing any of the activities within the scope of certification?				
<input type="checkbox"/> NO <input type="checkbox"/> YES- please specify below				
Overview of outsourced activities				
7. A. Please provide details of the site-specific information for certification				
Total number of Employees working	Permanent: Part-time:	Total number of shifts		
Shift Details	Shift-1	Shift-2	Shift-3	Shift-4
Time				
Number of Staff				
8. Applicable Standards & Test Method if any:				



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F01b/SCHEME/R00
Page 3 of 4

9. List of Equipment Details:

S.No	Equipment name	Manufacture	Model	Serial number	Functional & calibration status (Active/Inactive)	Department

*Add more rows depending on the number of equipment's or Attach separate the equipment list in the above format with the application form

Declaration

We hereby declare that the above-mentioned details are correct as per our knowledge. Also, we agree to pay the application processing fee [xxxx] and other fees charged for the services provided by KCS in time without any delay.

Name of Applicant:

Designation:

Signature & Company Seal:



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Page 4 of 4

Annex-1

Proof for Company Registration or Certificate of Incorporation document