

**SRI LANKA STANDARDS INSTITUTION**

**APPLICATION FOR THE CERTIFICATION OF MANAGEMENT SYSTEMS FOR EDUCATIONAL ORGANIZATIONS**

**IN ACCORDANCE WITH ISO 21001:2018 STANDARD**

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| **DATE RECEIVED** |  |
| **REFERENCE NUMBER** |  |
| **NEW CERTIFICATION** |  |
| **RECERTIFICATION** |  |

**for office use**

**The Director General**

**SRI LANKA STANDARDS INSTITUTION**

**No. 17, Victoria Place**

**Elvitigala Mawatha**

**COLOMBO 08**

**SRI LANKA**

I/We hereby apply for the certification of Management Systems for Educational Organizations established in

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[Registered name of the Organization]

The particulars of my/our organization are given below:

1. **GENERAL:**
   1. Address (Head Office):

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Telephone: ................................................... Fax: ............................................. E-mail: ............................................................

* 1. Legal status of the organization :

1. **Registration authority : ………………………………………………………………………………………………………………………………………………………………………………………(UGC/TVEC).**
2. Registration number: …………………………………………………………………………………………………………………………………………………….
3. Initial Registration Date: …………………………………………………………………………………………………………………………………………….
4. Valid Period…………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
   1. VAT registration number : ………………………………………………………………………………………………………………………………………………..
5. **APPLICABLE LOCATION(S) FOR THE CERTIFICATION:**

[Please indicate the permanent physical locations ( branches etc.) registered under the Applicant Organization, which are to be included in the ISO 21001:2018 certification. Attach a separate sheet Sites/ Branches / locations

|  |  |
| --- | --- |
| Name & Address | Telephone/Fax/E-mail |
| ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………………………………………. | ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………….…………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  …………………………………………………………………………………………………… |

[If required Please attach a separate sheet]

1. **DEPARTMENTS/DIVISIONS APPLICABLE AND NUMBER OF EMPLOYEES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Departments/Divisions  *(eg.: Management, Design, Lecturing,*  *Purchasing, Quality Assurance, Human Resources, etc.)* | Total Effective Number of Employees**\*\*** | | | |
| Head Office | Branch 1 | Branch 2 | Branch 3 |
| ………………………………………………………………...  ………………………………………………………………...  ………………………………………………………………...  ………………………………………………………………...  ………………………………………………………………...  ………………………………………………………………...  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. | ……...……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ……...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. | ……...……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ……...……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Total |  |  |  |  |

[If required Please attach a separate sheet]

***\*\**** *The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number.*

* 1. Whether product or service realization processes operate on a session basis,

1. No. of sessions/Lectures conducted per day: …………………
2. No. of employees involved for a session/Lectures: ………………………
3. **LIAISON OFFICER** 
   1. Chief Executive Officer of the Educational Organization:
4. Name: …………………………………………………………………

Designation: ………………….……..……………………….…..

Telephone: ................................................. Fax: .......................................... E-mail: .........................................

* 1. Contact person of the organization:

1. Nominee 1 [Name]: …………………..……………………………………

Designation: ………………….….……..…………………

Telephone: ................................................. Fax: .......................................... E-mail: ........................................

1. Nominee 2 [Name]:……………………………………………………………

Designation: ………………….…………………...……..

Telephone: ................................................. Fax: .......................................... E-mail: ........................................

1. **LEGAL OBLIGATIONS**

[Please indicate the legal obligations to be abide by the Organization] *(eg.: UGC, TVEC- industry specific regulations etc.)*

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1. **EDUCATIONAL ORGANIZATIONS MANAGEMENT SYSTEMS**
   1. Educational Organizations Management Systems of the organization is developed by: ……………………………….…………………………………………………………………………………………………………………………..

[outside consultant(s) and/or organization itself]

* 1. Type of certification [New Certification *or* Recertification]: …………………………………………..…..……………..………..…
  2. Description of services offered:

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* 1. Description of services which has been outsourced to the external party:

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* 1. Description of services offered which are to be excluded from the scope of the certification:

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* 1. Desired scope of the certification:

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* 1. If Recertification;

1. Date of first certification: …….…………………………………………………………….………………………………….…………………………………...
2. Validity period of previous certification: *from* ………….…………………………….. *to* …………………………………………………………
3. Scope of previous certification:

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1. Major changes done in the Educational Organizations Management Systems during the previous year [if any]:

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1. **DOCUMENTED INFORMATION**

Please submit copies of the following documents along with the duly perfected Application and Pre-Assessment Questionnaire.

1. Copy of UGC/TVEC registration or any other legal registration
2. Scope of the organization, and justification for any exclusion,
3. Documented information to support the operation of processes of the organization,
4. Educational Organizations Management Systems Policy,
5. Educational Organizations Management Systems Objectives, and
6. Educational Organizations Management Systems Operational planning and control.
7. **DECLARATION BY APPLICANT**
   1. I am/We are fully informed and agree with the contents of the following documents of the Educational Organizations Management Systems Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement and Conditions for Use of the Educational Organizations Management System Certification Mark.
   2. Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.
   3. I/We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at …………………..…………………………………………………..………….…………………………………………………..…...… on this ………………………… day of ……………………..……… 20……..…

Signature : …………………………………………………

Name : …………………………………………………

Designation : …………………………………………………

For and on behalf of ……………………………………………………………………………………………………………………..………

[Name of the Applicant Organization]